

TRIAL EXHIBIT 88

Snookal, Mark

From: Levy, Scott
Sent: Monday, September 16, 2019 4:20 AM
To: Snookal, Mark
Subject: medical

Mark,

I spoke with Andrew Powers who briefed me on your recent discussion with him and let me know that you were waiting on written documentation and perhaps further explanation of your recent MSEA (medical suitability for expat assignment) examination. I'll do my best to explain in writing but also happy to further discuss live.

As you know, foreign assignments (including, Escravos Nigeria) can be in locations where access to critical prescription medications or medical care is extremely limited. For these and other reasons, we conduct an MSEA to confirm that an employee is medically able to work in the new job and location.

I understand that you are willing to take the risk of potentially dying on the job, and that you do not feel it is the company's place to make that decision for you. I agree to a certain extent and recognize your concerns about paternalism. However, the company does have a right to not engage individuals where their assignment could pose a "direct threat" to their own health and safety.

We certainly don't believe that every employee with a health condition poses a direct threat; we need to analyze the condition and the attributes of the job. When there are ways of ameliorating the risks (including reasonable accommodations) we work with the individual to do so. I became involved on your case when you had requested a second opinion on the initial denial and with your consent involved your treating physician to better understand your specific risk. While reasonable professionals can debate the exact percentage, we are dealing with an established risk that is several magnitudes higher than the baseline and is a realistic possibility. We respectfully disagree that this finding (regardless of the exact percentage) is based on stereotypes, as distinguished from objective medical evidence. But the risk itself is not determinative. The concern is that if the condition were to occur, the outcome would be catastrophic and would require an immediate emergency response which is not available and would most certainly result in death in Escravos. There is no medical capability to manage this type of emergency in Escravos or anywhere near Escravos. It is also clear that the duration of your condition is not limited and is continually present, and the occurrence is not predictable and it's not possible to isolate triggers to reduce the risk.

We have no problems with you working in El Segundo and believe there are many other foreign locations where you could work. We in fact discussed whether you could perform this particular job at a different location in Lagos, but it wasn't possible.

In response to your question, I would not foresee issues with you working in the following locations:

Americas: US onshore operations, San Ramon, Houston, Calgary, Vancouver, St. John, Argentina (Buenos Aires); Colombia (Bogota); Brazil (Rio de Janeiro), Trinidad (Port of Spain)

Asia Pacific: Singapore, Australia (Perth based), Hong Kong, New Zealand, Thailand (Bangkok, Rayong, Sirai Chi); South Korea (Seoul, Ulsan, Geoje), Philippines (Manila), China (Beijing, Shanghai), Japan Metropolitan; Malaysia (Kuala Lumpur); Pakistan Metropolitan

EEMEA: UK (all locations), Belgium (all locations), Denmark (all locations), France (all locations), Italy (all locations), Netherlands (all locations), United Arab Emirates (all locations), Norway (all locations), Germany (all locations), Sweden (all locations), South Africa (all locations), Bahrain (all locations), Qatar (all locations), Kuwait (all locations), Turkey (all locations), Poland (all locations), Saudi Arabia (all locations), Nigeria (Lagos), Russia (Moscow)

I'd need to do a more specific assessment for:

Americas: US offshore operations (Deepwater), Colombia (Riohacha); Argentina- Nuquen, Colombia –Rio Hacha, Guatemala, Panama, Mexico, Brazil Offshore, Kitimat (Canada)

AP: Australia (Barrow Island, Onslow, Dampier, Karratha, Thevenard Island & Wheatstone offshore); Bangladesh (Dhaka); China (Chengdu, Tianjin, Tanggu); Indonesia (Jakarta, Sumatra, Balikpapan); Malaysia (Lumut); Thailand (Songkla, Nakorn Srithammarat - NST, Offshore); Vietnam; India

EEMEA: Angola (Luanda); Nigeria (Lekki, Abuja), Azerbaijan (all locations), Ukraine (all locations), Romania (all locations), Rep. of Congo (Pointe Noire), Morocco (all locations), Egypt (all locations), Russia (outside Moscow).

I'd be quite concerned about other locations. As I mentioned above, I'd be more than happy to discuss this with you further.

Scott

Scott Levy

Regional Medical Manager, Europe, Eurasia, Middle East & Africa
TR & HM COE

Chevron Products UK Limited
1 Westferry Circus
Canary Wharf
London E14 4HA
Office- +44 (0) 207 719 3390 (Also serves 24/7 medical emergency support)
Fax- +44 (0) 207 719 5188
Mobile- +44 (0) 792 258 4538
CTN- (8) 584 3390
ScottLevy@chevron.com

Chevron Malaria Hotline for any questions about symptoms or treatment- +1 866 276 5118

Important Message from the Global Privacy Team

Remember that when it comes to sharing personal data, [less is more](#). Do not share more information than is being requested from you. Share information securely and follow company policy by [encrypting](#) emails and attachments that contain [sensitive personal data](#). Before clicking "send" on an email, [double-check](#) that the email is addressed to the people you actually want it to go to! Do not forward emails containing detailed information about a patient's health or wellbeing when a summary would suffice. Wherever possible, anonymize personal data by removing patient names and other individual identifiers. Finally, don't hesitate to contact the Global Privacy Team if you have any questions: privacy@chevron.com

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EEMEA: UK (all locations), Belgium (all locations), Denmark (all locations), France (all locations), Italy (all locations), Netherlands (all locations), United Arab Emirates (all locations), Norway (all locations), Germany (all locations), Sweden (all locations), South Africa (all locations), Bahrain (all locations), Qatar (all locations), Kuwait (all locations), Turkey (all locations), Poland (all locations), Saudi Arabia (all locations), Nigeria (Lagos), Russia (Moscow)

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Scott

Scott Levy

Regional Medical Manager, Europe, Eurasia, Middle East & Africa
TR & HM COE

Chevron Products UK Limited

1 Westferry Circus

Canary Wharf

London E14 4HA

Office- +44 (0) 207 719 3390 (Also serves 24/7 medical emergency support)

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CTN- (8) 584 3390

ScottLevy@chevron.com

Chevron Malaria Hotline for any questions about symptoms or treatment- +1 866 276 5118

Important Message from the Global Privacy Team

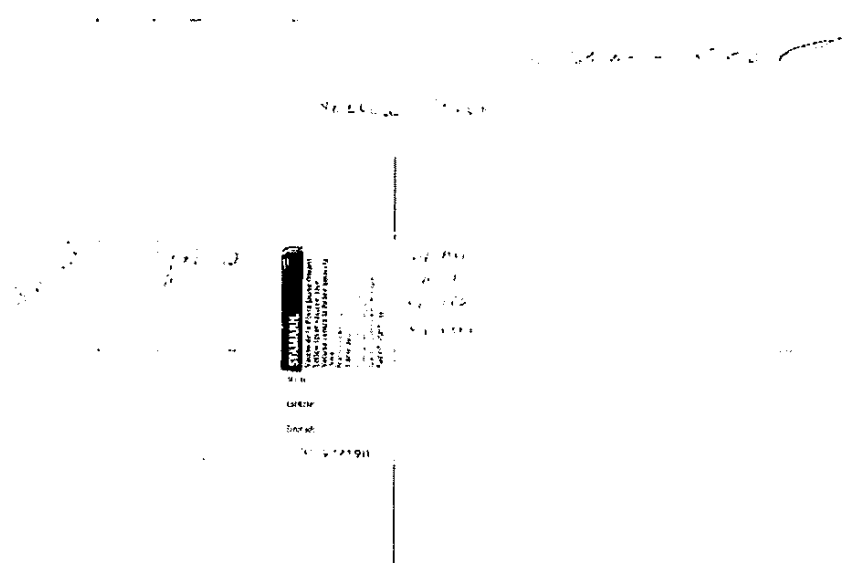
Remember that when it comes to sharing personal data, less is more. Do not share more information than is being requested from you. Share information securely and follow company policy by encrypting emails and attachments that contain sensitive personal data. Before clicking "send" on an email, double-check that the email is addressed to the people you actually want it to go to! Do not forward emails containing detailed information about a patient's health or wellbeing when a summary would suffice. Wherever possible, anonymize personal data by removing patient names and other individual identifiers. Finally, don't hesitate to contact the Global Privacy Team if you have any questions: privacy@chevron.com

Patient: **Snookal, Mark (Mark)**
Injection Type: **Hep B, unspecified formulation**
Administering Location:
Manufacturer:
Vial / Lot #:
Series #: **#2**
Dose:
Strength:
Administering Date: **08-19-2019**
Expiration Date:
Route:
Site:
Reaction / Comments:
Next Due Date:
Injection Administrator:

CUSA000561

Patient: **Snookal, Mark (Mark)**
Injection Type: **yellow fever**
Administering Location:
Manufacturer:
Vial / Lot #:
Series #:
Dose:
Strength:
Administering Date: **08-19-2019**
Expiration Date:
Route:
Site:
Reaction / Comments:
Next Due Date:
Injection Administrator:

CUSA000562



CUSA000563



Expatriate Exam Recommendations GO-1769

Examiner: When completed, please forward to the Chevron regional medical manager office checked below:

- ☐ Americas: Chevron Health and Medical, P.O. Box 6024, San Ramon, CA, USA 94583
☐ Asia / Pacific Region: Chevron International Pte LTD, Health and Medical, Chevron House, 30 Raffles Place #21-01, Singapore 048622
☒ Europe / Eurasia / Middle East / Africa: Chevron Health and Medical 1 Westferry Circus, Canary Wharf, London, UK, E14 4HA
☐ Chevron Shipping Medical Manager, 6101 Bollinger Canyon Road, BR1, Room 4646, San Ramon, CA, USA 94583
☐ Other Chevron Medical Facility: _____

Part A – Examinee Information

For medical confidentiality, please complete one form per examinee. If the examinee is a dependent, please complete Part B below

Last Name SNOOKAL	First Name MARK	MI	CAI MVZM	Birth Date (mm/dd/yyyy) 04 - 13 - 1972	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Examinee ID
Job Title IEA RELIABILITY TEAM LEAD		Operating Company		Current Work Location EL SEGUNDO, USA	Destination Location ESCRAVOS, NIGERIA	

Part B: Chevron Employee Information

If the examinee is a dependent, please complete this section with the Chevron employee information.

Last Name	First Name	CAI	Chevron Employee ID
Job Title		Operating Company	Current Work Location Destination Location
Number of dependents in Host Location: _____			

Part C – OpCo / Business Unit Contact – Human Resources, Sponsor (if applicable), other.

Name	Phone No.	Date (mm/dd/yyyy)
Contact Address	City	State/Province Postal/Zip Code Country

Part D – Examination - The recommendation below is based on a review of the medical history and physical examination

Exam Type: INITIAL EXPAT EXAM (ROTATIONAL)

Date of Exam (mm/dd/yyyy): 07/24/2019	Exam Location: MEL DEL RAY
State/Province: CALIFORNIA	Country: USA

Disposition

☒ Employee

☐ FIT for Duty

☒ NOT FIT for Duty

Describe: REMOTE LOCATION. CAN BE CLEARED FOR ASSIGNMENT IN LAGOS

☐ FIT for Duty with Limitation(s) (list below and provide estimated duration of limitations)

Describe: _____

☐ Failed to comply with requested evaluations

Describe: _____

Exam Periodicity: ☐ One Year ☐ Two Years ☐ Other _____

☐ Dependents

☐ Cleared

☐ Not Cleared

Describe: _____

☐ Cleared with Limitation(s) (list below and provide estimated duration of limitations)

Describe: _____

☐ Failed to comply with requested evaluations

Describe: _____

Exam Periodicity: ☐ One Year ☐ Two Years ☐ Other _____

Examiner Name (please print) DR. ASEKOMEH ESIHOFE	Signature 	Date (mm/dd/yyyy) 08/15/2019
Address CHEVRON HOSPITAL	City WARRI	State/Province DELTA Postal/Zip Code Country NIGERIA

GO 1769 (9-13)

CUSA000564

Document (4958978) has been deleted.
Reason: wrong date

CUSA000565

EX 88-009

**Trial Exhibit 88
p. 237**



7/29/2019

MR#000004554567

Re: Mark J Snookal
2200 Maricopa Drive
Los Angeles CA 90065

Dear Sirs,

Mr. Snookal is under my care for his heart condition. It is safe for him to work in Nigeria with his heart condition. His condition is under good control and no special treatments are needed.

If you have any questions, please feel free to contact me at the number below.

Sincerely,

Electronically signed by,

S. KHAN MD
Attending Cardiologist, Division of Cardiology, SCPMG
Clinical Associate Professor, UCLA School of Medicine
Ph: 323-783-4585
7/29/2019
10:14 AM

CUSA000566

Patient: **Snookal, Mark (Mark)**
Injection Type: **polio, unspecified formulation**
Administering Location:
Manufacturer:
Vial / Lot #:
Series #:
Dose:
Strength:
Administering Date: **07-25-2019**
Expiration Date:
Route:
Site:
Reaction / Comments:
Next Due Date:
Injection Administrator:

CUSA000567

7/25/19 - Yellow Fever/Hep B/Polio Vaccination

8/19/19 - rcvd invoice; \$461.00; payment pending almy

9/11/19 - pd via AMEX almy

CUSA000568

Task ID: 88871

Due: 07-26-2019 12:18pm

Created By: Ghada WhiteCompleted By: Eldyleida Seca Torres

Completed Date: 07-26-2019 08:25am

Description: Encounter Review- Initial Escravos, Nigeria

Assigned: User: (Eldyleida Seca Torres) Dept:()

Regarding:

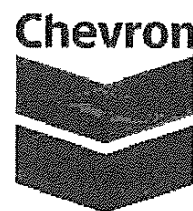
Encounter ID: 82555002 - Snookal, Mark (Mark) (CAI-1000444873, GUID-1000444873, US-1000444873, MANUFACTURING-1000444873)

Notes: Please review the open encounter on this patient and complete Medical Recommendation.

Please archive and close exam upon completion.

Related tasks

ID	Creator	Created	Assignee	Completed By	Completed Date	Description	Notes
<u>88934</u>	Eldyleida Seca Torres	07-26-2019 08:25am	(Eshiofe Asekomeh) Dept:()	Eshiofe Asekomeh	08-19-2019 11:52am	Fwd: Encounter Review- Initial Escravos, Nigeria	



Health and Medical

MEDICAL CONFIDENTIAL

Date: 07-19-2019

Dear Mark Snookal,

We, hereby, inform you the results of your recent health evaluation, performed on 07-19-2019. This report will serve as a summary for your records and a guide to help promote your health.

PHYSICAL EXAMINATION

Name	12-04 2017
BP Systolic	170
BP Diastolic	81
Height	72
Weight	220
BMI	29.84

A handwritten signature in black ink, appearing to read "Eshiofe Asekomeh".

Eshiofe Asekomeh

CUSA000570

MSEA Tracking**Case details**

Case type:MSEA

Date/time:07-09-2019 09:50:00am

MSEA case classification: Complicated

Total number of days left to complete:37 Due:10-07-2019

Date GO-1769 completed:08-15-2019

MSEA Scheduler

· Lindsey Smith (Chevron Corporation)

· Eldyleida Seca Torres (Chevron Products UK Ltd)

Expatriate Assignment Profile

Initial Contact Date/Time:07-09-2019

Expat Counselor:Mary Josephine Velante Mirabueno

Assignment Type: Rotational

Exam Type: Initial

Assignment City:Escravos

Assignment Country:Nigeria

Expat Administration

Reply date:07-09-2019

Expatriate Orientation Required: Yes

Date Orientation: 07-19-2019

Performed By: Cedar Sinai

Location: United States

Malaria CBT Taken (for locations with Malaria Risk): No

IAP Required:No

Appointment Dates

· 08-19-201901:30pm(MSEA Follow-up Appointment)

· 07-19-201909:20am(MSEA Initial Appointment)

Tracking Notes

Date	MSEA General Note	Entered By
08-28-201901:41pm	Rcvd YF record	White, Ghada S
08-08-2019	MSEA classification changed to complicated as consideration of background cardiac condition and remoteness of location being reviewed.	Asekomeh, Eshiofe
08-02-201912:53pm	Rcvd Dr. Note	White, Ghada S
07-29-201907:52am	Rcvd April cardiology notes	White, Ghada S
07-24-201912:34pm	YF appt. at Passport Health 8/19 due to receiving MMR on 7/19	White, Ghada S
07-24-201912:00pm	Pending YF	White, Ghada S
07-24-201911:41am	Rcvd Exam Results	White, Ghada S
07-11-201909:08am	Exam scheduled with Dr. Sobel	Smith, Lindsey A
07-09-201909:55am	No FCE Needed	Smith, Lindsey A

CUSA000571

Completion Dates

All Exam Components Received? Yes Date All Components Received: 07-25-2019

Appointment Date: 08-19-2019 01:30:00 PM

Surveys

Send MSEA Americas Survey Email: Yes Date MSEA Americas Survey Email Sent: 08-15-2019

Subjective**Encounter info**

Employee name: Snookal, Mark

Employee ID: CAI-MVZM, GUID-1000444873, US-MVZM, MANUFACTURING-MVZM

Date of birth: 04-13-1972

Age: 47

Date: 07-19-2019 09:20:00am

Visit type: MSEA Tracking

Location: NG, Port Harcourt Clinic

Provider: Asekomeh, Eshiofe

Archive as: Medical Suitability for Expatriate Assignment

Demographics

Name: Snookal, Mark

Email: Mark.Snookal@chevron.com

Work Phone Number: +1 310-615-5208

Home Phone Number: (323) 747-5345

Supervisor: Ruppert, Austin

Primary Organization: 50078111 - Manufacturing

Business Segment: 50036499 - EL SEGUNDO REFINERY

Group: 50002974 - MAINTENANCE GENERAL

Team: 50002989 - EQUIPMENT RELIABILITY GROUP

Org Unit: 50211760 - INSTRUMENTATION & ELECTRICAL RELIABILITY

Work Location: 156 - EL SEGUNDO, CA

Regional Medical Office: AMERICAS - AMERICAS

Injections / Immunizations

· None.

Objective**Procedures**

· Procedure: Cardiovascular Risk Score

· Completed on: 07-24-2019

· Comments:

· Status: Completed

· Procedure: TB Test IGRA

· Completed on: 07-24-2019

· Comments:

· Status: Completed

· Procedure: Yellow Fever Injection

· Completed on: 07-24-2019

· Comments:

· Status: Completed

Plan

CUSA000572

Orders

- International Assignment Adult Surveillance - 2 YEARS - Medical Examination Recommendation
- Cardiovascular Risk Score
- TB Test IGRA
- Yellow Fever Injection

Medical Clearance

- International Assignment Adult Surveillance - 2 YEARS - Medical Examination Recommendation
 - International Assignment Adult Surveillance - 2 YEARS - Medical Examination Recommendation
 - International Assignment Adult Surveillance - 2 YEARS - Medical Examination Recommendation: **Not Fit**
- Comments: **Remote location. Can be certified fit for Lagos, Nigeria**

Notifications

Generate Detailed PHR

CUSA000573

1/23/20- Pending payment for MSEA Exam/ EKG/Tdap/Typhoid/Toxrid/Hep B - EM
01/23/20 - Paid via cc - EM

CUSA000574

07/24/2019 7:34AM FAX

0004/0024

Return all forms including this check list, clinical testing results and itemized billing under confidential cover to:

Chevron Health & Medical Services
 Attn: Medical Programs
 P.O. Box 6024
 San Ramon, CA 94583-0724

MRN: 201924337 213-458-1341
 CSN: 29170037374 7/19/2019 9:20 AM
 Snookaj, Mark
 M 4/13/1972 47 year old
 IM ADM WAY 4676 CSMG
 Sobel, Irving, MD

As a Chevron Authorized Medical Provider, your facility has been set up with a Quest Diagnostics account for all laboratory work. Your Quest Account Number is _____.

Please order lab panels as indicated below:

Chevron Expat Exam Completion Check List
International Assignment Exam – Adult

Employee's Name	Anticipated Start Date of New Assignment
Matthew Manges	
Destination	Scheduler Contact
Nigeria	1-877-737-7570

Completed	Exam Content:	Forms:
<input type="checkbox"/>	History and Physical (include blood pressure and all vitals)	GO-146
<input checked="" type="checkbox"/>	Mental Health Questionnaire	GO-1750
<input checked="" type="checkbox"/>	Authorization for Disclosure of Health Information	GO-1075
<input checked="" type="checkbox"/>	Vision Test (include near and far)	GO-146
<input type="checkbox"/>	Audiogram (Only if in Hearing Conservation Program)	GO-653
<input checked="" type="checkbox"/>	Resting EKG	Required
<input type="checkbox"/>	<p>Cardiovascular Assessment (unless they were scheduled for stress test based on 2 risk factors) Use Cardiovascular Risk Score (Framingham Tool) to determine risk Low risk (<1 to 9 percent) Intermediate risk (10 to 19 percent) High risk (≥20 percent)</p> <p>If Intermediate risk schedule Exercise Treadmill Stress Test If diabetic and intermediate risk, please schedule nuclear exercise stress test. If the patient has had a negative stress test within one year, contact Chevron Health and Medical to determine if further testing is needed.</p> <p>If known cardiac disease, cardiac symptoms, or high-risk score then refer to individual's active clinical file to determine if further testing is needed, such as nuclear stress ECG, stress ECHO or Cardiology referral.</p>	Required

CUSA000575

07/24/2019 7:34AM FAX

0005/0024

Completed	Exam Content:	Forms:
<input checked="" type="checkbox"/>	Comprehensive Metabolic Panel, Lipid Panel, HgbA1c, TSH, Uric Acid, Lactate Dehydrogenase (LD), Gamma Glutamyl Transferase (GGT), RPR	Required Included in Panel 337251
<input checked="" type="checkbox"/>	CBC with Differential	Required Included in Panel 337251
<input checked="" type="checkbox"/>	Urinalysis with Microscopic	Required Included in Panel 337251
<input checked="" type="checkbox"/>	TB Skin Test (<i>Required 5 months of age and older</i>) or <i>Quantiferon-TB (5 yrs. of age and older).</i> (<i>Unless previously positive</i>)	-If history of + PPD, please perform a PA and Lateral Chest x-ray
<input type="checkbox"/>	Yellow Fever (Please forward a scanned copy of the stamped yellow card) This individual requires a Yellow Fever vaccine for their assignment. As you are aware yellow fever is a live virus which must be <i>administered together with other live viruses such as MMR</i> . If your facility does not have yellow fever vaccine available, please DO NOT administer other live virus vaccines and notify a Chevron scheduler.	Required
<input type="checkbox"/>	Immunizations (as needed) Hep A } Hep B } or TwinRix Typhoid TDAP Meningococcal (for those traveling outside of Lagos north to Abuja) Polio MMR if born in the US after 1956 or if no known history of immunity DO NOT RUN TITERS; Give the required and recommended immunizations as listed above.	Immunization Record
<input type="checkbox"/>	Malarial Prophylaxis	Required

CUSA000576

07/24/2019 7:34AM FAX

0006/0024

Mark Snookal
CAI - MVZMAuthorization for Disclosure of
Health Information
GO-1075

If requesting copies from Chevron, please forward completed form to the Chevron regional medical manager office closest to you or to the location checked below:

- ☒ Americas: Chevron Health and Medical, P.O. Box 6024, San Ramon, CA, USA 94583
- ☐ Asia / Pacific Region: Chevron International Pte LTD, Health and Medical, 3 Fraser Street, #12-28 Duo Tower, Singapore, 189352
- ☐ Europe / Eurasia / Middle East / Africa: Chevron Health and Medical, 1 Westferry Circus, Canary Wharf, London, UK, E14 4HA
- ☐ Chevron Shipping Medical Manager, 6101 Bollinger Canyon Road, BR1, Room 4646, San Ramon, CA, USA 94583
- ☐ Other Chevron Medical Facility: _____

Photocopies of this form will be as effective as the original.

I, Mark Snookal, hereby authorize Dr. Irving Sobel
Name of Requester Holder of Information

Holder's Address Cedars-Sinai Marina Internal Medicine, 4676 Admiralty Way Ste. 400
City Marina Del Rey State CA Zip 90292 Phone # (310)423-3277

To disclose the following information from the health records of:

Name Mark Snookal
Examinee ID _____ CAI MVZM
Address 2200 Maricopa Drive Home Phone # (213)458 1341
City Los Angeles State CA Zip 90065 Work Phone # (310)615-5208

Covering the period(s) of examination(s)

From (date) (mm/dd/yyyy) 07/19/2019 To (date) (mm/dd/yyyy) 11/30/2019

Information to be disclosed (check all that apply):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Audiogram(s) | <input checked="" type="checkbox"/> Laboratory test(s) | <input checked="" type="checkbox"/> Vision testing(s) |
| <input checked="" type="checkbox"/> Electrocardiogram(s) | <input checked="" type="checkbox"/> Physical examination(s) | <input checked="" type="checkbox"/> X-ray report (s) |
| <input checked="" type="checkbox"/> Illness / injury information | <input checked="" type="checkbox"/> Pulmonary function test(s) | <input checked="" type="checkbox"/> Photographs or images |
| <input checked="" type="checkbox"/> Complete health record | <input type="checkbox"/> Other (please specify) _____ | |

GO-1075 (1-19)
Word Electronic Version

CUSA000577

07/24/2019 7:34AM FAX

0007/0024

Mark Snookal
CAI - MVZMAuthorization for Disclosure of
Health Information
GO-1075 (cont.)

This information is to be disclosed to:

Name	<u>Lindsey Smith</u>	Organization	<u>Chevron</u>
Address	<u>6001 Bollinger Canyon Rd. W1311</u>	Phone #	<u>(925)842-4905</u>
City	<u>San Ramon</u>	State	<u>CA</u>
		Zip	<u>94583</u>

For the purpose of: (please specify) medical examination to obtain medical clearance for international assignment

Date or event on which this authorization will expire : (If not specified, this authorization will expire in one year from date of signature)

 / /
(Date) (mm/dd/yyyy)

I understand that unless I specify otherwise specific information to be released may include, but is not limited to history, diagnosis and/or treatment of drug or alcohol abuse, mental/psychiatric related illnesses and/or communicable disease, including human immunodeficiency virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). I also understand that if I am on an international assignment, the information may be shared with the global company physician at my assignment location.

I would like to place the following restrictions on this authorization:

I understand I may revoke this authorization in writing by sending a letter to the holder of the information to whom this authorization is directed. If revoked, it would not affect any actions already taken in good faith in reliance on this authorization. It is further understood that the information release is for the specific purpose stated above and may not be provided in whole or in part to any other person or organization. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the applicable privacy law(s). I may request a copy of this authorization from the Company. I request a copy of this authorization ☒ Yes

Signed: [Signature]

(Employee or legal representative)

[Signature]
(Signature of witness)Spouse

(Relationship to requestor)

7/18/2019
(Date) (mm/dd/yyyy)7/18/2019
(Date) (mm/dd/yyyy)

FOR INTERNAL USE ONLY

Copy given to requestor: ☐ YesGO-1075 (1-13)
Word Electronic Version

CUSA000578

07/24/2019 7:35AM FAX

00008/0024



Mark Snookal
CAI - MVZM

Mental Health Questionnaire for Employees GO-1750

CONFIDENTIAL

Name: Mark Snookal
CAI: CAI - MVZM

Date (mm/dd/yyyy):

7/18/2019

Some job positions or type of assignments (i.e. International, Mariner, Pilot) require social and psychological adjustments that often cause stress to you and your family. It is especially important to maintain your and your family's health when assigned in a safety-sensitive job position or outside your home country. Please answer the following questions. Your response will remain confidential within Health and Medical. The questionnaire is used to determine the need for additional evaluation and to facilitate resource referrals for you and your family member(s) in preparation for assignment. After reviewing your responses, the clinician will let you know about appropriate resources should any be recommended for you and your family.

Should you wish to contact resources directly, please call Chevron Employee Assistance and WorkLife Services: 800-860-8250; ctn 842-3333; (925) 842-3333 (collect).

1. In the past five years do you (or have you had) have issues or concerns (e.g.: mental health condition, drug/alcohol problem, marital stress, spouse adjustment, children with learning disabilities or other special needs, elder care issues, separation from extended family) as you anticipate or since being on assignment? ☒ Yes ☐ No
If Yes, describe: Death of Mother (09/16), Child diagnosed with Learning Disability (11/2018)
Include dates (mm/dd/yyyy): _____
2. Do you have or have you been treated for a mental health condition or substance abuse/alcohol problem? ☒ Yes ☐ No
If Yes, include dates (mm/dd/yyyy): Depression (last treated 1996)
Are you concerned about this condition as you anticipate (or have been on) this assignment? ☐ Yes ☒ No
Comments: I have not had symptoms of depression since 1996
3. Are you currently taking or have you taken medications in the past five years for a mental health condition? ☐ Yes ☒ No
Please list medications, prescribed dose and dates (mm/dd/yyyy) taken: _____
4. If you are currently using prescribed medications for a mental health condition, have you made inquiries about obtaining these medications in your new assignment? ☐ Yes ☐ No
Have you had any difficulties in obtaining these medications while on assignment (periodic evaluation only)? ☐ Yes ☐ No
Describe: _____
5. During the recent past (4 - 6 weeks) have you felt down, depressed, hopeless, and / or lacking energy? ☐ Yes ☒ No
If yes, describe: _____

EMPLOYEE:

I understand that this information will be furnished to either the Chevron regional medical manager or the Chevron health and medical facility for management of the expatriate assignment.

Employee Signature

Date (mm/dd/yyyy)

7/18/2019

GO-1750 (6-18)
Word Electronic Version

CUSA000579

07/24/2019 7:33AM FAX

0003/0024



Request for Medical Service GO-147-1

Medical Examiner: When completed, please forward to the Chevron regional medical office checked below:

- ☐ Americas: Chevron Health and Medical, P.O. Box 6024, San Ramon, CA, USA 94583
☐ Asia / Pacific Region: Chevron International Pte LTD, Health and Medical, Chevron House, 30 Raffles Place #21-01, Singapore 048622
☐ Europe / Eurasia / Middle East / Africa: Chevron Health and Medical, 1 Westferry Circus, Canary Wharf, London, UK, E14 4HA
☐ Chevron Shipping Medical Manager, 6101 Bollinger Canyon Road, BR1, Room 4646, San Ramon, CA, USA 94583
☐ Other Chevron Medical Facility:

MRN: 201924397 213-458-1341
 CSN: 20170087874 7/19/2019 9:20 AM
 Snookal, Mark
 M 4/13/1972 47 year old
 IM ADM WAY 4676 CSMG
 Sobel, Irving, MD

Section A - To be completed by Examinee and/or Issuing Office. Issuing office should supply the employee/applicant with all applicable Chevron "GO" forms.

Examinee Full Name MARK SNOOKAL		CAI	Medical Provider DR. IRVIN SOBEL		Provider No.
Examinee ID	Phone (Home / Cell)	Appointment Date 07/19/2019		Appointment Time 9:20AM	
Date of Birth (mm/dd/yyyy)	Cost Center	Provider Address 4876 ADMIRALTY WAY SUITE 400			
Home Company / Primary Organization		Provider City MARINA DEL REY	State / Province CA	Postal / Zip Code 90292	Country USA
Location		Provider Phone Number 310-306-6966			
Issuing Office Contact Name LINDSEY SMITH		Phone No. 925-842-4905		Date (mm/dd/yyyy) 07/01/2019	
Issuing Office Address 6001 BOLLINGER CANYON RD.		City SAN RAMON	State / Province CA	Postal / Zip Code 94583	Country USA
Reason for Request INT EXAM / NIGERIA					

Section B - Issuing Office: Check the appropriate medical examinations or components and attach applicable Chevron "GO" forms.

Arsenic: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit Asbestos: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit Benzene: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Emergency Emergency Response: <input type="checkbox"/> Exercise Treadmill Test: <input type="checkbox"/> Fire Brigade: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic For Cause Evaluation: <input type="checkbox"/> Formaldehyde: <input type="checkbox"/> Functional Capacity Eval.: <input type="checkbox"/> HAZWOPER: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit Hexavalent Chromium: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit Hoistman/Crane Operator: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic Hydrogen Sulfide: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic Immunizations ONLY: <input type="checkbox"/> International Assignment: <input type="checkbox"/> Adult <input type="checkbox"/> Dependent Job Transfer: <input type="checkbox"/> Laboratory Worker: <input type="checkbox"/> Lead: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit Lead Biological Monitoring: <input type="checkbox"/> Marine Periodic: <input type="checkbox"/> Mercury: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit Mercury Biological Monit.: <input type="checkbox"/> Mine Rescue: <input type="checkbox"/>	Motor Vehicle Driver: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic Noise (Hearing Conservation): <input type="checkbox"/> Initial <input type="checkbox"/> Periodic Offshore Oil and Gas Worker: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic Pilot: <input type="checkbox"/> Pre-Placement - Extensive: <input type="checkbox"/> Pre-Placement - Marine: <input type="checkbox"/> Pre-Placement - Mining: <input type="checkbox"/> Refractory Ceramic Fibers: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit Respirator User Exam ONLY: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit Return to Work: <input type="checkbox"/> Segmental (Hand-Arm) Vibration: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit Spill Response (Corporate-Sponsored) Advisory & Resource Team: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic ESF&H Team: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic Functional Team: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic Worldwide Emergency Team: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic Truck Driver: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic Urine Drug Screen: <input type="checkbox"/> Van Pool: <input type="checkbox"/> Other: <input type="checkbox"/>
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Section C - Instructions to Medical Examiner:

1. Refer to current edition of the "Medical Examination Programs Book" for exam components.
2. Contact the regional medical manager office noted above for additional information.
3. Please complete and sign all applicable Chevron forms as provided by the examinee or determined from the "Medical Examination Programs Book".
4. Send original of this request immediately to the Issuing Office by mail or with the employee in a sealed envelope.
5. Send a copy of this form, exam paperwork, results (except drug testing), and invoice to Chevron H&M, P.O. Box 6024, San Ramon, CA 94583 (Fax 855-325-9593).
6. Send drug screen invoices to Advanced Workplace Strategies, Inc. 17542 East 17th Street, Suite 330, Tustin, CA 92780.

GO-147-1 (4-10)
 Word Electronic Version

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07/24/2019 7:37AM FAX

0015/0024

Member name: Mark J Snookal

Date of birth: 4/13/1972

Gender: M

Primary care physician: JOSHUA TOLLIVER FLEISCHMAN MD, M.D.

Date printed: 7/18/2019

Immunization	Date
INFS pres free 6mos-adult (Fluarix quadrivalent)	9/14/2018
INFS (Influenza split-virus).	12/15/2012, 10/14/2011
INFS 4yrs and over (FLUVIRIN) (Influenza)	10/12/2013
INFS 9yrs-adult (AFLURIA) (Influenza)	3/15/2016
INFS pres free 3yrs-adult (FLUZONE) (Influcnza)	10/13/2014
INFS pres free 4yrs-adult (FLUVIRIN) (Influenza)	11/9/2017
INFS pres free 9yrs-adult (AFLURIA) (Influenza)	11/18/2016
TB-PPD, (TB skin test)	12/12/2012
Tdap (ADACEL) (Tetanus, diphtheria, acellular pertussis)	7/17/2009 ✓
VAR (Varicella, chickenpox)	4/29/2011 ✓

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07/24/2019 7:38AM FAX

0018/0024

MRN: 201924937 218-458-1341
 CSN: 29170037374 7/19/2019 9:20 AM
 Snookel, Mark
 M 4/13/1972 47 year old
 IM ADM WAY 4676 CSMO
 Sobel, Irving, MD

VACCINE vacuna		DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	DATE NEXT DOSE DUE próxima vacuna
POLIO	1	8/72		
	2	1/73		
	3	8/73	SOUTHERN CALIFORNIA PERMANENT MEDICAL CLINIC 13852 CANTARA STREET VAN Nuys CITY, CALIFORNIA 91411	
	4	11/73		
		11/77		
DTP/Td Diphtheria, Tetanus, Pertussis (Whooping Cough) difteria, tétano y tos ferina	1	8/72		
	2	1/73		
	3	8/73	SOUTHERN CALIFORNIA PERMANENT MEDICAL CLINIC 13852 CANTARA STREET VAN Nuys CITY, CALIFORNIA 91411	
	4	11/73		
	5	11/77		
MEASLES sarampión			mmr 1	
RUBELLA sarampión alemán			PERMANENT MEDICAL CLINIC 13852 CANTARA STREET VAN Nuys CITY, CALIFORNIA 91411	
MUMPS paperas				

PM-298

20732-440-4 B1 / 50M CASH * DSP

CUSA000582

07/24/2019 7:38AM FAX

0017/0024

VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC	
TB SKIN TESTS <i>Pruebas de la Tuberculosis</i>	Date <u>11/7/77</u> <input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg Indur. _____ mm	Date _____ <input type="checkbox"/> Pos <input type="checkbox"/> Neg Indur. _____ mm	Date _____ <input type="checkbox"/> Pos <input type="checkbox"/> Neg Indur. _____ mm
IMPORTANT - IMPORTANTE Your child must meet California's immunization requirements to be enrolled in school. Keep this Record as proof of immunization. <i>Su niño debe cumplir con los requisitos de vacunas del Estado de California para ser admitido a la escuela. Mantenga este Comprobante: lo necesitará.</i>			

IMMUNIZATION RECORD

Comprobante de Inmunización

Name
nombre

March 1978

Birthdate
fecha de nacimiento

Allergies
alergias

Vaccine Reactions
reacciones a la vacuna



RETAIN THIS DOCUMENT - CONSERVE ESTE DOCUMENTO

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0018/0024

MRN: 201924337 213-458-1341
 CSN: 29170037374 7/19/2019 9:20 AM
 Snookal, Mark
 M 4/13/1972 47 year old
 111 ADM WAY 4676 CSMG
 Sobel, Irving, MD

INTERNATIONAL CERTIFICATE OF
 VACCINATION OR PROPHYLAXIS
 AS APPROVED BY
 THE WORLD HEALTH ORGANIZATION

CERTIFICAT INTERNATIONAL DE
 VACCINATION OU DE PROPHYLAXIE

APPROUVÉ PAR

L'ORGANISATION MONDIALE DE LA SANTÉ

MRN: 201924337

Snookal, Mark
 TRAVELER M 4/13/1972 47 YO

ADDRESS-ADRESSE (Number-Numéro) (Street-Rue)

(City-Ville)

(County-Département) (State-Pays)



DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC 731 (formerly PHIS-731)

CHI-3726

INFORMATION FOR TRAVELERS

The International Certificate of Vaccination or Prophylaxis is an official statement verifying that proper procedures have been followed to immunize you against a quarantinable disease which could be a threat to the United States and other countries. The certificate is essential in permitting unimpeded international travel. IT MUST BE COMPLETE AND ACCURATE IN EVERY DETAIL, or you may be detained at international ports of entry.

Smallpox as a naturally occurring disease has been eradicated; consequently there is currently no recommendation for the routine use of smallpox vaccine for international travel. The requirement for the International Certificate of Vaccination was removed from the International Health Regulations in 1973. If vaccination against cholera is performed, it can be entered in the Other Immunizations/Prophylaxis/Prescribed section.

Certain immunizations may be required by countries; other immunizations and preventive measures are sometimes advisable, depending on the traveler's age, previous immunization status, and the nature and duration of travel. YELLOW FEVER IMMUNIZATION MAY BE GIVEN ONLY BY A DESIGNATED YELLOW FEVER VACCINATION CENTER. To locate the nearest Yellow Fever Center, see www2.cdc.gov/travel/yellowfever/. Other immunizations may be given by any licensed physician or clinic.

There is a risk of acquiring MALARIA when traveling to parts of Central and South America, the island of Hispaniola (the Dominican Republic and Haiti), Africa, Asia (including South Asia, Southeast Asia and the Middle East), Eastern Europe and the South Pacific. You are strongly advised to seek information from your local or state health department, private physician, or the CDC-Travelers' Health website (www.cdc.gov/travel/) concerning the need for protection against malaria and for instructions on how the prophylactic drugs should be taken.

It is strongly recommended that persons traveling abroad and those entering the United States be immunized from measles by prior disease or vaccination.

If you need medications regularly, take an adequate supply with you. Because of possible serious consequences to your health, do NOT take medications purchased "over the counter" unless you are familiar with the product. Should you need medical assistance, the American Embassy or consulate usually can provide names of physicians or hospitals.

SAVE THIS BOOKLET FOR FUTURE TRAVEL
 AND AS A RECORD OF YOUR VACCINATION HISTORY.

CUSA000584

Trial Exhibit 88
p. 257

07/24/2019 7:41AM FAX

0024/0024



Report Status: Final - Courtesy Copy
SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK DOB: 04/13/1972 AGE: 47 Gender: M Phone: 213.458.1341 Patient ID: 201924337	Specimen: BN635672W Requisition: 8104560 Lab Ref #: 337306849 Collected: 07/19/2019 / 10:39 PDT Received: 07/20/2019 / 01:49 PDT Faxed: 07/23/2019 / 09:39 PDT (* A Copy From)	Client #: 97510739 MAIL992 CHEVRON-ACCESS MEDICAL Attn: SYLVIA 4644 LINCOLN BLVD STE 114 MARINA DEL REY, CA 90292-6374

Test Name	In Range	Out Of Range	Reference Range	Lab
QUANTIFERON (R) -TB GOLD PLUS, 1 TUBE	NEGATIVE		NEGATIVE	EN
	Negative test result. M. tuberculosis complex infection unlikely.			
NIL	0.01		IU/mL	
MITOGEN-NIL	8.66		IU/mL	
TB1-NIL	0.00		IU/mL	
TB2-NIL	0.00		IU/mL	

The Nil tube value reflects the background interferon gamma immune response of the patient's blood sample. This value has been subtracted from the patient's displayed TB and Mitogen results.

Lower than expected results with the Mitogen tube prevent false-negative Quantiferon readings by detecting a patient with a potential immune suppressive condition and/or suboptimal pre-analytical specimen handling.

The TB1 Antigen tube is coated with the M. tuberculosis-specific antigens designed to elicit responses from TB antigen primed CD4+ helper T-lymphocytes.

The TB2 Antigen tube is coated with the M. tuberculosis-specific antigens designed to elicit responses from TB antigen primed CD4+ helper and CD8+ cytotoxic T-lymphocytes.

For additional information, please refer to <https://education.questdiagnostics.com/faq/FAQ204> (This link is being provided for informational/educational purposes only.)

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91364-3226 Laboratory Director: TAB TOCHINDA, MD, CLIA 05D9642827

* UNASSIGNED ACCOUNTS has requested a copy of this report be sent to you. Ordering Physician: SOBEL, IRVING

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN635672W

PAGE 1 OF 1

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07/24/2018 7:40AM FAX

0021/0024



Report Status: Partial - Courtesy Copy
SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK DOB: 04/13/1972 AGE: 47 Gender: M Phone: 213.458.1341 Patient ID: 201924337	Specimen: EN632678W Requisition: 8101141 Lab Ref #: 337306788 Collected: 07/19/2019 / 10:39 PDT Received: 07/20/2019 / 00:52 PDT Faxed: 07/23/2019 / 09:39 PDT (* A Copy From)	Client #: 97510739 MAIL992 CHEVRON-ACCESS MEDICAL Attn: SYLVIA 4644 LINCOLN BLVD STE 114 MARINA DEL REY, CA 90292-6374

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	181		<200 mg/dL	EN
HDL CHOLESTEROL		32 L	>40 mg/dL	EN
TRIGLYCERIDES		152 H	<150 mg/dL	EN
LDL-CHOLESTEROL		122 H	mg/dL (calc)	EN

Reference range: <100

Desirable range <100 mg/dL for primary prevention;
<70 mg/dL for patients with CHD or diabetic patients
with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins
calculation, which is a validated novel method providing
better accuracy than the Friedewald equation in the
estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

CHOL/HDL-C RATIO	5.7 H	<5.0 (calc)	EN
NON HDL CHOLESTEROL	149 H	<130 mg/dL (calc)	EN

For patients with diabetes plus 1 major ASCVD risk
factor, treating to a non-HDL-C goal of <100 mg/dL
(LDL-C of <70 mg/dL) is considered a therapeutic
option.

COMPREHENSIVE METABOLIC PANEL GLUCOSE	91		65-99 mg/dL	EN
---	----	--	-------------	----

Fasting reference interval

UREA NITROGEN (BUN)	17		7-25 mg/dL	
CREATININE	1.20		0.60-1.35 mg/dL	
eGFR NON-AFR. AMERICAN	72		> OR = 60 mL/min/1.73m ²	
eGFR AFRICAN AMERICAN	83		> OR = 60 mL/min/1.73m ²	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	141		135-146 mmol/L	
POTASSIUM	5.1		3.5-5.3 mmol/L	
CHLORIDE	108		98-110 mmol/L	
CARBON DIOXIDE	22		20-32 mmol/L	
CALCIUM	10.1		8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.8		6.1-8.1 g/dL	
ALBUMIN	4.4		3.6-5.1 g/dL	
GLOBULIN	2.4		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.8		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE		152 H	40-115 U/L	
AST	23		10-40 U/L	
ALT	33		9-46 U/L	
HEMOGLOBIN A1c	5.2		<5.7 % of total Hgb	EN

For the purpose of screening for the presence of
diabetes:

<5.7% Consistent with the absence of diabetes
5.7-6.4% Consistent with increased risk for diabetes

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN632678W

PAGE 1 OF 2

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0022/0024



Report Status: Partial - Courtesy Copy
SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK DOB: 04/13/1972 AGE: 47 Gender: M Patient ID: 201924337	Specimen: EN632678W Collected: 07/19/2019 / 10:39 PDT Received: 07/20/2019 / 00:52 PDT Faxed: 07/23/2019 / 09:39 PDT (* A Copy From)	Client #: 97510739

Test Name	In Range	Out Of Range	Reference Range	Lab
(prediabetes) > or =6.5% Consistent with diabetes				
This assay result is consistent with a decreased risk of diabetes.				
Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.				
According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes (ADA).				
URIC ACID	7.7		4.0-8.0 mg/dL	EN
Therapeutic target for gout patients: <6.0 mg/dL				
LD	168		100-220 U/L	EN
GGT	29		3-95 U/L	EN
TSH	1.36		0.40-4.50 mIU/L	EN
CBC (INCLUDES DIFF/PLT)				EN
WHITE BLOOD CELL COUNT	6.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.77		4.20-5.80 Million/uL	
HEMOGLOBIN	14.7		13.2-17.1 g/dL	
HEMATOCRIT	43.2		38.5-50.0 %	
MCV	90.6		80.0-100.0 fL	
MCH	30.8		27.0-33.0 pg	
MCHC	34.0		32.0-36.0 g/dL	
RDW	12.8		11.0-15.0 %	
PLATELET COUNT	262		140-400 Thousand/uL	
MPV	9.6		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	3166		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2105		850-3900 cells/uL	
ABSOLUTE MONOCYTES	531		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	220		15-500 cells/uL	
ABSOLUTE BASOPHILS	79		0-200 cells/uL	
ABSOLUTE NUCLEATED RBC	0		0 cells/uL	
NEUTROPHILS	51.9		%	
LYMPHOCYTES	34.5		%	
MONOCYTES	8.7		%	
EOSINOPHILS	3.6		%	
BASOPHILS	1.3		%	
RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING	NON-REACTIVE		NON-REACTIVE	EN

PENDING TESTS:

VDRL, SERUM

PERFORMING SITE:

EN QUEST DIAGNOSTICS WEST HILLS, 5401 FALLBROOK AVENUE, WEST HILLS, CA 91361-3226 Laboratory Director: JAH TUCKER/MD, CLIA: 0510042827

* ACCESS MEDICAL GROUP has requested a copy of this report be sent to you. Ordering Physician: SOBEL, IRVING

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN632678W

PAGE 2 OF 2

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07/24/2019 7:40AM FAX

0023/0024



Report Status: Final - Courtesy Copy
SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK DOB: 04/13/1972 AGE: 47 Gender: M Phone: 213.458.1341 Patient ID: 201924337	Specimen: EN632679W Requisition: 8101274 Lab Ref #: 337306796 Collected: 07/19/2019 / 10:39 PDT Received: 07/20/2019 / 00:54 PDT Faxed: 07/23/2019 / 09:39 PDT (* A Copy From)	Client #: 97510739 MAIL992 CITEVRON-ACCESS MEDICAL Attn: SYLVIA 4644 LINCOLN BLVD STE 114 MARINA DEL REY, CA 90292-6374

Test Name	In Range	Out Of Range	Reference Range	Lab
URINALYSIS, COMPLETE				EN
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.010		1.001-1.035	
PH	5.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	NONE SEEN		< OR = 5 /HPF	
RBC	NONE SEEN		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	

PERFORMING SITE:

EN QUEST DIAGNOSTICS WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: TAB TOOTHUNDA, MD, CLIA: 05D0642827

* ACCESS MEDICAL GROUP has requested a copy of this report be sent to you. Ordering Physician: SOBEL, IRVING

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN632679W

PAGE 1 OF 1

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07/24/2019 7:39AM FAX

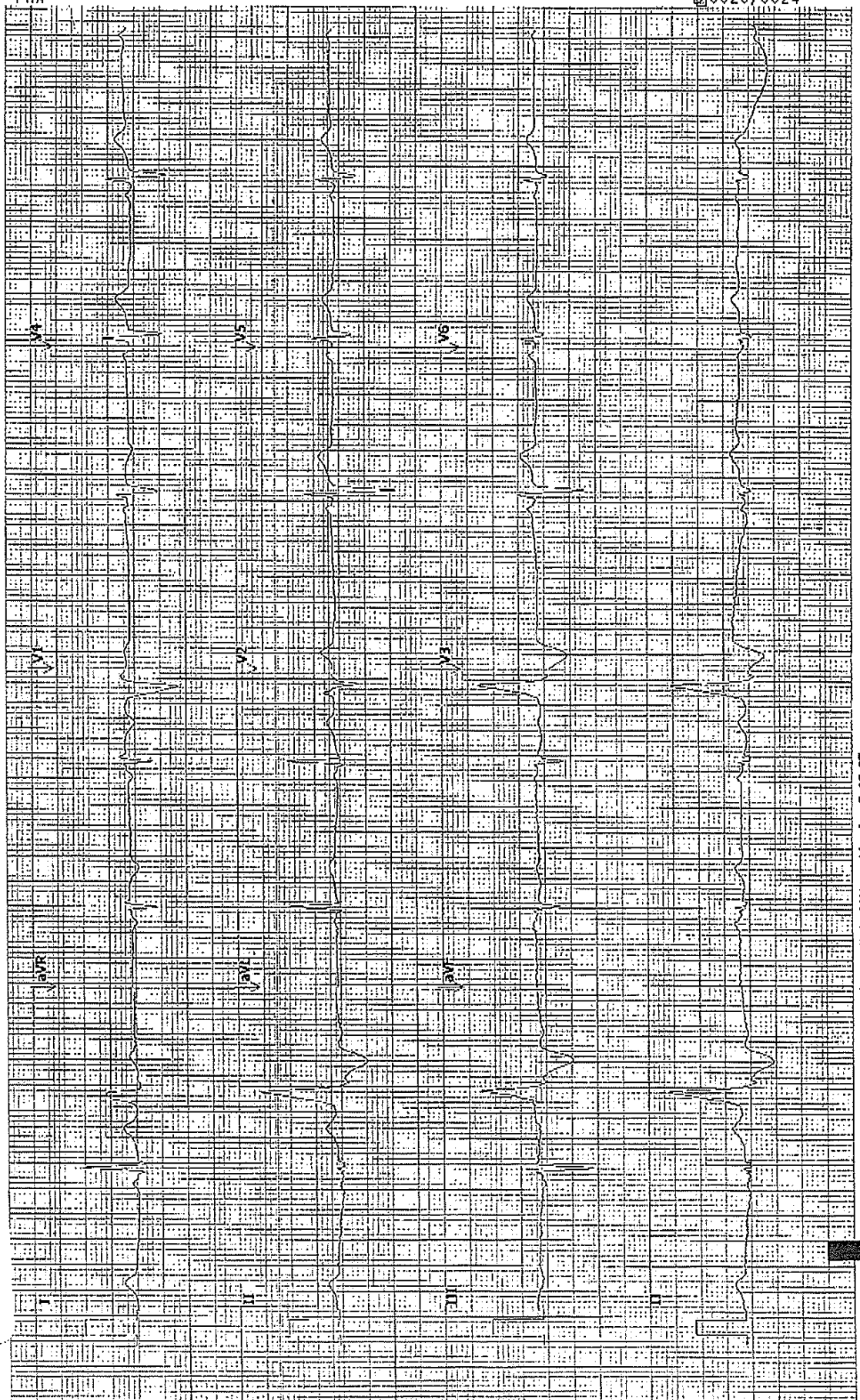
0020/0024

sinus rhythm (slow)
 premature ventricular complexes
 left axis deviation
 slight intraventricular conduction delay
 Borderline ECG
 Unconfirmed Report

07/19/2019 09:30:11AM
 P/PR: 112/136 ms
 QRS: 116 ms
 QT/QTc: 460/415 ms
 P/QRS/T axis: 14/-36/7 deg
 Heart rate: 49 bpm

Gender: Male
 Race: Caucasian
 Physician: IRVING SOBEL MD

ID: 201924337
 Name: SNOOKAL, MARK
 DOB: 04/13/1972 (47 yr)
 MRN: 201924337 213 - 458 - 1341
 CSN: 29170037374 7/19/2019 9:20 AM
 Snookal, Mark
 M 4/13/1972 47 year old
 1M ADIM WAY 4676 CSMG
 Sobel, Irving, MD



25 mm/s
 10 mm/mV Frequency Response [0.5-35] Hz 60Hz Version 2.10.07

CUSA000590

07/24/2019 7:35AM FAX

0008/0024

Medical Suitability for Expatriate Assignment History & Physical Examination
GO-146-MSEAMark Snookul
CAI - MVZMRECEIVED
JUL 24 2019Initial
Nigeria

0724-15

Note to Examinee and Examiner: In the US, the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information for any U.S. based employees (whether within the U.S. or outside the U.S. on assignment) when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Local or Host Country legal requirements may also apply.

Part A: Examinee: Please complete Parts A through F prior to exam.

F.I.	M.I.	Last Name	First Name	CAI	Gender		
		Mark Snookul		MVZM	M		
Current Job Title		New Job Title*		Current Company/BU/OpCo	Next * Company/BU/OpCo	Current Location	Next * Location
IEA Reliability Team Lead		Reliability Engineering Manager		ESE	NMASBU	El Segundo CA USA	Escravos, Nigeria

If Applicable

Part B: Your country of assignment may or may not have full medical resources to support your health needs. Please answer the following questions as accurately as possible and check 'N' (no) or 'Y' (yes) in the column. Answers with Yes, please provide more information in the description boxes. This information is used to promote your safety and ensure your health needs can be met.

(If need, please use back page)		N	Y	Description
1.	Do you have any medical, physical or psychological conditions under the care of a health professional? If yes, please describe.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have a dilated aortic root, I am under the care of a cardiologist and see him once per year for a checkup. I have consulted with him on this assignment and he sees no issues with it.
2.	(a) Are you taking any medicines that require a prescription? If yes, please list.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Losartan and Amlodipine
	(b) Are you taking any non-prescription medicines on a frequent basis? If yes, please list.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	(a) Do you have any allergies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Have you ever had severe allergic reactions? If yes, do you know what caused it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.	Do you exercise for at least 30 minutes 3 times a week, on average?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.	(a) Do you feel unusual fatigue or sleepiness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Do you have any problems sleeping?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(c) Do you use sleeping aids, including medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.	Have you ever experienced health problems working in extreme weather conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.	Have you experienced unexplained weight loss or gain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8.	(a) Do you smoke? If yes, what and how much each day?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	(b) Did you smoke regularly for more than 1 year ever in your past?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9.	Do you drink alcoholic beverages? If yes, what is your average weekly intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10.	Have you ever required a medical evacuation from a work location? If yes, what was the reason?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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07/24/2019 7:36AM FAX

0010/0024

		Examinee Last and First Name Mark Snookal	Examinee CAI MVZM
11.	Have you ever had any mental health or psychological issues requiring at least a medical prescription? If yes, please describe	<input type="checkbox"/>	<input checked="" type="checkbox"/> I was treated for depression with Effexor for a few years from approximately 1994-1995
12.	Have you been in the emergency room and/or hospitalized within the last six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	Have you undergone any surgical procedure or operations within the last six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Did you have a physical (periodic, preventive) exam within the past two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Would you need health/medical resources for any disabling or special condition in the country of assignment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.	Would you like to schedule a discussion with a Chevron Physician or Regional Medical Manager to discuss further a health condition or learn more about the host country medical resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.	Does your new position require you to work or travel Offshore, In Field/Plant or Strictly Office? Please advise if you need additional certifications for your new position (e.g. HUET/BOSIET, Oil and Gas U.K.)	<input type="checkbox"/>	<input type="checkbox"/> My position is strictly office
Part C: Please answer the following questions and check "N" (no) or "Y" (yes) in the column. If "Y" please describe.			
Have you had any illness or condition related to the following body parts or systems? (minor conditions do not need to be mentioned)		N	Y Description
18.	Head and Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19.	Eyes or Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20.	Ear, Nose and Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21.	Teeth (a) When was your last exam? (b) Is there any dental work pending? Please describe	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 11/2017
22.	(a) Chest such as shortness of breath, chronic cough. (b) Breasts	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
23.	Heart such as chest pain, palpitations or irregular beating	<input type="checkbox"/>	<input checked="" type="checkbox"/> I have PVC's which have been evaluated by a cardiologist and do not require any treatment
24.	Abdomen such as pain, hernias, abnormal bowel movement	<input type="checkbox"/>	<input checked="" type="checkbox"/> I had my gallbladder removed in 2014
25.	Kidney, bladder or genital area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26.	Spine and Musculo-skeletal, movement limitations or pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27.	Skin changes such as rash, spots, moles or itching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28.	Epileptic seizures, dizzy spells or migraine	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29.	Diabetes or increase in blood sugar	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30.	Anemia or other blood conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31.	Tuberculosis (TB) or positive TB test, skin or blood (e.g. TB spot, IGRA/Quantiferon®)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32.	Any other health problems (Please use space below. If need, use back page)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CUSA000592

07/24/2019 7:36AM FAX

0011/0024

Examinee Last and First Name

Mark Snookal

Examinee CAI

MVZM

Part D: Exposure History (Employee Only)

Have you ever been exposed at work to dusts, solvents, other chemicals or any other known workplace hazards, e.g. biological agents?

☒ Yes ☐ No

If YES, please list agents with dates and for how long:

I have worked in industrial and petrochemical locations from 1990 present

Have you ever been exposed in the workplace to:

☒ Noise ☐ Radiation/X-ray Equipment ☐ Vibrating Hand Tools ☐ Repetitive Movement ☐ Weight Lifting ☐ Other

If you checked one of the boxes above, please specify for how long, and whether Personal Protective Equipment (PPE) was used:

In my work in industrial and petrochemical locations from 1990 present I have been exposed to noise but have always used PPE

Part E: Occupational History (Employee Only)

Have you ever been part of a medical (health) surveillance program through your work due to exposure to workplace hazards? e.g. Part of a hearing conservation program due to exposure to workplace noise.

☒ Yes ☐ No

If YES, please list with dates:

I am currently in a hearing conservation program in my employment with Chevron El Segundo

Part F: Family History

To comply with the US Genetic Information Nondiscrimination Act of 2008, this part should NOT be completed for any US-based employees (whether in the U.S. or outside the U.S. on assignment). Any information inadvertently provided for a US employee in this section should be redacted if the form is to be sent to the US for filing in the employee's medical record. Local related legislation may be also applicable.

Are there any medical conditions within your family relevant to be mentioned?

Physician Comments:

Have you ever been employed with Chevron or examined for employment by Chevron?

☐ No ☒ Yes If yes, when At hiring at Chevron El Segundo in 2009**EXAMINEE:**

I certify that the information given by me is true and I authorize the examiner to furnish the results of this examination and other related medical investigation results to either the Chevron Regional Medical Managers or the Chevron Global Health and Medical facility. I acknowledge and agree that the results of this medical evaluation are managed by Chevron in a secure and confidential data system that will store and may transmit information to countries other than where the medical examination takes place, including but not limited to the U.S.

FOR APPLICANT ONLY: I understand that any misrepresentation, false statement or omission herein may result in the company rejecting my application, withdrawing any offer of employment, or terminating my employment at any time.

Examinee Signature

Date (mm/dd/yyyy)

7/18/2019

CUSA000593

07/24/2019 7:37AM FAX

0012/0024

Examinee Last and First Name
Mark Snookal

Examinee CAI
MVZM

Part G. PHYSICAL EXAMINATION To be completed by Health Care Provider

Vital Signs

HEIGHT ft/cm	WEIGHT lb/kg	BMI	Abdominal Circum- ference in/cm	B.P. (mmHg)	PULSE	Temperature (°C/°F)
72"	256 lb	34.7		135/78	53	97.5

Vision

	Uncorrected			Corrected			Depth	Tonometry	Color Vision	Visual Fields
	Both	Right	Left	Both	Right	Left				
Far	20/ 6'	20/ 6'	20/ 6'	20/ 6'	20/ 6'	20/ 6'			Normal	
Near	J#	J#	J#	J#	J#	J#				

N	A	N = Normal. A = Abnormal, please describe		DESCRIPTION	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	General Appearance		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	Head		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	Ear, Nose Mouth and Throat		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Neck		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.	Eyes		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.	Chest		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.	Breasts		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8.	Respiratory System		
<input type="checkbox"/>	<input type="checkbox"/>	9.	Cardiovascular System	occasional ectopics (PVC's)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.	Abdomen, Viscera/Hernias		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.	Genito-urinary		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12.	Lower GI Tract		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.	Extremities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.	Spine and Musculo-skeletal. Range of Motion.		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.	Skin and Lymphatic System		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16.	Central Nervous System		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17.	Peripheral Nervous System Reflexes		
<input type="checkbox"/>	<input type="checkbox"/>	18.	Others, please specify		

CUSA000594

07/24/2019 7:37AM FAX

0013/0024

			Examinee Last and First Name Mark Shookal		Examinee CAI MVZM	
LABORATORY AND SPECIAL TESTS						
N	A	Not Done	AS INDICATED	RESULTS. N = Normal. A = Abnormal, please describe		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Audiogram			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chest X Ray			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Blood Count			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drug Screening			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ECG			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pulmonary Function			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serum Profile/Chemistries			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stress Test			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others, please specify			

REMARKS: Describe significant / abnormal findings/limitations noted above (if need, please use back page)

① PVCs - frequent asymptomatic followed by cardiology
 ② Dilated aortic root followed by cardiology
 ongoing studies yearly Echo vs CT chest
 stable on meds

If any abnormalities were found during the examination, was examinee informed? ☒ Yes ☐ No**Part H: MEDICAL RECOMMENDATION**

H.1. Fitness for Duty Classification, ONLY FOR INTERNAL CHEVRON USE		H.2. Restrictions pertinent to Job Requirements (refer to GO-308)	
<input type="checkbox"/> A. Fit for Duty		NO heavy lifting > 50 lbs needs review of Recommend. letter from cardiologist to clear him	
<input checked="" type="checkbox"/> B. Fit for Duty with Restrictions			
<input type="checkbox"/> C. Not Fit for Duty			
<input type="checkbox"/> D. Failed to comply with requested evaluations, due to:			

Examiner's Name (please print) IRVING SOBEL MD		Signature [Signature]		Date (mm/dd/yyyy) 07/24/2019	
Address 4076 ADMIRALTY WAY		City MDR CA		Chevron Provider Number 111408	
Street		City		Country 90292	

Chevron Global Health & Medical Approval (please print name)		Signature		Date (mm/dd/yyyy)	
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CUSA000595

07/24/2019 7:37AM FAX

0014/0024

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

PLEASE ATTACH COPIES OF IMPORTANT REPORTS OF CURRENT INTEREST
If available, Form GD-308 (Physical Requirements and Working Conditions) must be included.

CUSA000596



Brief Note



Subjective**Encounter info**

RE: Snookal, Mark (Mark) 04-13-1972 47y (CAI-MVZM, GUID-1000444873, US-MVZM, MANUFACTURING-MVZM)
Date: 07-18-2019 01:06:00pm Visit type: Vital Signs/Brief Note
Provider: Access Medical Group Location: Access Medical Group
Archive as: Brief Note

Chief complaint

MSEA results DOS

Injections / Immunizations

- Hep B, unspecified formulation 08-19-2019
- polio, unspecified formulation 07-25-2019
- yellow fever 08-19-2019

Objective**Vitals**

Height 182.88 cm (01:09pm)	Weight 116.1 kg (01:09pm)	BMI 34.72 kg/m2 (01:09pm)	Sys BP 135 mmHg (01:09pm)	Dia BP 78 mmHg (01:09pm)
Pulse 53 bpm (01:09pm)	Temperature 36.3 C (01:09pm)	Exertion Resting (01:09pm)		

Vision Screening

Vision Test:

Vision Screening

Date	07-19-2019
Depth Per	
Color Vision	
Far vision (both)	20/16
Far vision (right)	20/16
Far vision (left)	20/16
Near vision (both)	
Near vision (right)	
Near vision (left)	
Peripheral Vision (R Degree)	
Peripheral Vision (L Degree)	
Jaeger Scale	

Plan

Visit orders

- Vision Screening *(Completed)*



Physical Requirements and Working Conditions GO-308

This form is a requirement for all jobs. The GO-308 should be completed by a GO-308 Developer that has completed the Chevron training. Review form instructions prior to filling out this form.

☐ This is an 'interim' GO-308 that has not yet been through the complete CE-FFD GO-308 procedure.

STANDARD INFORMATION

GO-308 Category: OFFICE BASED JOBS

Reporting Unit Summary (e.g.: Chevron Upstream, Downstream & Chemicals):

Upstream

Reporting Unit RollUp (e.g.: Africa/Latin America, Manufacturing):

INTERNATIONAL UPSTREAM

Reporting Unit Employee (e.g.: Southern Africa, Richmond Refinery):

NIGERIA MID-AFRICA UNIT

Location City: LAGOS / ABUJA / WARRI /
ESCRAVOS / OXNE

State/Province: LAGOS / FCT /
DELTA / RIVERS

Country: NIGERIA

Safety Sensitive ☐

Highly Safety Sensitive ☐

Non-Safety Sensitive ☒

GO-308 Category requires Medical Evaluation: ☒ Yes ☐ No

GO-308 Category requires FCE: ☐ Yes (attach to GO-308) ☒ No

PHYSICAL DEMANDS / FREQUENCY / DEXTERITY

Frequency: N = Never O = Occasionally (1-33% of the day) F = Frequently (34-66% of the day) C = Constantly (67-100% of the day)

Dexterity and Coordination: 1 = Extremely High Ability 2 = Above Average Ability 3 = Average Ability 4 = Below Average Ability 5 = Negligible Ability

Physical Demands

			N	O	F	C
Below Waist Lifting	12 kg	lb/kg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Waist Lifting	0	lb/kg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-Hand Carrying	12 kg	lb/kg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-Hand Carrying	0	lb/kg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing-Max Force	0	lb/kg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling-Max Force	0	lb/kg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forceful Grip	0	lb/kg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forceful Pinch	0	lb/kg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stand			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forward Bend - St			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Twist Static			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-Lying			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching High Level			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching Medium Level			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching Low Level			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	300m	ft/m	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing-Ladder		ft/m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing-Stairs	12 stairs	ft/m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump		ft/m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Twist - Repetitive			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throw		ft/m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl		ft/m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handing			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Dexterity and Coordination

Manual Dexterity	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Finger Dexterity	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Bi-Lateral Hand Coordination	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
Eye-Hand-Foot Coordination	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>

Motor and Sensory

	Required/Not Required
Balancing	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Sense of Touch	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Sense of Smell	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Speaking Clearly	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Hearing-Speech Range	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Hearing-All Ranges	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Seeing, Reading & Comprehension	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Seeing Distant	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Seeing Near	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Depth Perception	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Color Vision	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Emergency Evacuation	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Swing Rope Test	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>

Other Physically Strenuous Training - N R

File: CUSA000599

GO-308 (4/15)
With Section 6 Added

CUSA000599

SECTION 1 - PHYSICAL DEMANDS

R = Required NR = Not Required

Extreme Cold-Below 32° F/0° C	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Problem Solving/Independent Decision Making	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Extreme Heat Above 100° F/38° C	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Multiple Tasks	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Dryness	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Travel - Domestic	R <input checked="" type="checkbox"/> NR <input type="checkbox"/> <input checked="" type="checkbox"/> Check if > 6 trips/year
Weakness	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Travel - International	R <input checked="" type="checkbox"/> NR <input type="checkbox"/> <input checked="" type="checkbox"/> Check if > 6 trips/year
Humidity-Above 90%	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Overtime	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Confined Spaces	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Schedules/Deadlines	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>
Cramped Qtrs.	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Shift Duration (hrs/day)	8/9 hours <input checked="" type="checkbox"/> 10/11 hours <input type="checkbox"/> 12/13 hours <input checked="" type="checkbox"/> 14 or more <input type="checkbox"/>
Elevated Heights _____ ft/m	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Shift Schedule	Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Day and Night <input type="checkbox"/> Rotational (define below) <input type="checkbox"/>
Noise-Over 85 Decibels	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Other (Describe)	5/2, 14/14, 28/28
Moving Equipment	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Chemicals (List)	
Vibrating-Rotating Equipment	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	N/A	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Explosives	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Operate Motor Vehicle	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Working Around People/Interacting with Others	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Working Alone	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>	Airborne Contaminants (List)	
Operate Computer Station	R <input checked="" type="checkbox"/> NR <input type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Operate Office Equipment	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Rapid Working Pace	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>		R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Other _____			

SECTION 2 - PERSONAL PROTECTIVE EQUIPMENT REQUIRED

R = Required NR = Not Required

Frequency					
Eye Protection	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Torso Protection	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Fall Protection	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Hearing Protection	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Arms, Hands, Fingers	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Respirator-Breathing Apparatus	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Head Protection	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Legs, Feet, Toes	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>	Personal Protection Device (PPD)	R <input type="checkbox"/> NR <input checked="" type="checkbox"/>
Other (Describe)	PUONE HEAD SET				

SECTION 3 - INDIVIDUAL POSITIONS/FILES (List all positions/roles)

ADVISOR
 HR BUSINESS PARTNER/SENIOR HR
 BUSINESS PARTNER
 ASSOCIATE HR ANALYST/HR
 ANALYST /SENIOR HR ANALYST
 ASSOCIATE HR REPRESENTATIVE/HR
 REPRESENTATIVE/SENIOR HR
 REPRESENTATIVE
 MANAGER
 SUPERVISOR
 TEAM LEAD

FINANCE SUPERVISOR
 SENIOR FINANCE ANALYST
 FINANCE ANALYST
 CASHIER

 LEGAL ADVISOR
 ATTORNEY
 LEGAL ADMINISTRATOR
 GENERAL COUNSEL

Instructions - This portion should be very specific and include complete details of the physical requirements of the job. Use categories only up to the weight that applies to the specific job.

Below Waist Lifting - To move an object, weighing more than 5 lb / 2 kg, from the floor to waist level by supporting it in the air (also includes waist to waist lifting). If rated as lifting, the demand cannot also be rated as another whole body position.			
Weight	Items	Distance (V/H and f/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg	Luggage	5V ft	From floor to knee level
51-100 lb 25-45 kg			
>100 lb >45 kg			

Additional Information: _____

Above Waist Lifting - To move an object weighing more than 5 lb / 2 kg, from waist level to a higher position, by supporting it in the air. If rated as lifting, the demand cannot also be rated as another whole body position.			
Weight	Items	Distance (V/H and f/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg			
51-100 lb 25-45 kg			
>100 lb >45 kg			

Additional Information: _____

One-handed Carrying - To move or transport an object, weighing more than 5 lb / 2 kg, from one place to another while holding or supporting the object with one hand. Three consecutive steps (i.e. right, left, right) are required for the physical demand to be considered carrying. Fewer than 3 steps is considered lifting. The hand used should be designated.			
Weight	Items	Distance (V/H and f/m)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg	Luggage	200ft / m	From accommodation and office to car park. Also from staff bus to airport check-in counter
51-100 lb 25-45 kg			
>100 lb >45 kg			

Additional Information: _____

Two-handed Carrying – To move or transport an object, weighing more than 5 lb / 2 kg, from one place to another while holding or supporting the object with both hands. Three consecutive steps (i.e. right, left, right) are required for the physical demand to be considered carrying. Fewer than 3 steps is considered lifting.

Weight	Items	Distance (V/H and R/L)	Other Comments
5-10 lb 2-4 kg			
11-20 lb 5-9 kg			
21-50 lb 10-23 kg			
51-100 lb 25-46 kg			
>100 lb >46 kg			

Additional Information _____

Pushing – Exerting a force upon an object so that the object moves away from the force (includes stepping, striking, and kicking away). The height of the hand position present during pushing should be rated as overhead, shoulder, mid-chest, waist, knee, or below knee.

Push Force	Items	Distance (V/H and R/L)	Hand Position	Other Comments
5-10 lb 2-4 kg				
11-20 lb 5-9 kg				
21-50 lb 10-23 kg				
51 - 100 lb 25 - 46 kg				
>100 lb >46 kg				

Pulling – Exerting a force upon an object so that the object moves toward the force (includes jerking). The height of the hand position present during pushing should be rated as overhead, shoulder, mid-chest, waist, knee, or below knee.

Pull Force	Items	Distance (V/H and R/L)	Hand Position	Other Comments
5-10 lb 2-4 kg				
11-20 lb 5-9 kg				
21-50 lb 10-23 kg				
51 - 100 lb 25 - 46 kg				
>100 lb >46 kg				

Hand Positions

OH – Overhead S – Shoulder MC – Mid Chest W – Waist K – Knee BK – Below Knee

Additional Information _____

Forceful Gripping – Squeezing firmly using the entire hand, requiring greater than 10 lb / 4 kg of force.

Hand Position	Max Continuous Duration	Force	Description	Other Comments

Additional Information _____

Forceful Pinching – Squeezing firmly between the thumb and one or more of the opposing fingers, requiring more than 5 lb / 2 kg of force.				
Hand Position	Max Continuous Duration	Force	Description	Other Comments

Additional Information: _____

Sitting – To rest the weight of the body upon the buttocks and with back upright.			
Surface	Max Continuous Duration	Description	Other Comments
Ergonomic chair	30 mins	Sitting to work on computer	Also when attending meetings

Additional Information: _____

Standing – Remaining on one's feet in an upright and erect position without moving about, with weight distributed on the feet.			
Surface	Max Continuous Duration	Description	Other Comments
Concrete and tiled surfaces	5 mins	During presentations or when discussing with colleagues and clients	

Additional Information: _____

Stooping – To bend forward at the waist while keeping the knees fairly straight. To qualify as stooping, the hips or waist should be bent forward from vertical at least 35 degrees with knees bent no more than 45 degrees from a fully straight position.			
Surface	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Kneeling – Supporting the body weight through both knees, with hips relatively straight and knees bent to at least 90 degrees.			
Surface	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Squatting / Crouching – To bend both hips and knees so as to sit on the heels with the knees bent and the weight resting on the balls of the feet, or to bend both hips and knees and rest one knee down on the floor. Knees must be bent more than 45 degrees from fully straight position.			
Surface	Duration	Description	Other Comments

Additional Information: _____

Forward Bending in Sitting – Bending the upper body forward, at least 75 degrees from vertical, while in a sitting position.			
Surface	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Static Body Twisting – Maintaining the body in a position where the lower body remains fairly stationary and the upper body rotates to one side or the other – can occur while the worker is either sitting or standing			
Surface	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Risk: Good Health and Mobility

C00-006 (4-18)
Work Condition Version

CUSA000603

Back Lying – Lying on one's back to perform work activity. Legs can be bent or straight.			
Surface	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Reaching High Level: Moving the arms in any direction away from the body, with hands above shoulder height. Upper arms must be higher than shoulder.

Distance (V or H)	Max Continuous Duration	Description	Other Comments

Additional Information: _____

Reaching Medium Level: Moving the arms in any direction away from the body, with hands from waist to shoulder height. Upper arm must be at least 45 degrees away from body and no higher than shoulder.

Distance (V or H)	Max Continuous Duration	Description	Other Comments
3H ft	30 seconds	To reach telephone handset	Pick up files, books from cabinet

Additional Information: _____

Reaching Low level: Moving the arms in any direction away from the body, with hands below waist. Body is usually in a forward bent/sloping position.

Distance (V or H)	Max Continuous Duration	Description	Other Comments
3V ft	30 seconds	To pick items from locker	

Additional Information: _____

Walking – Moving about on foot, placing one foot down before the other is lifted. Three consecutive steps (i.e. right, left, right) are required for the physical demand to be considered walking. Fewer than 3 steps is considered standing.

Surface	Distance (ft/m)	Max Continuous Duration	Other Comments
Concrete and tiled surface	300m	10 mins	To discuss with colleagues, attend meetings in other departments and also walk to and from car park Also to attend court proceedings

Additional Information: _____

Climbing - Stairs – Ascending or descending stairs using feet and legs with or without use of hands and arms.

Type of Climb	Number of Stairs	Max Continuous Duration	Other Comments
Inclined	12	1 min	To the offices and also to attend meetings in other buildings

Additional Information: _____

Climbing - Ladders – Ascending or descending ladder using feet and legs with or without use of hands and arms. The ladder climbed can be either a vertical or A-frame ladder.

Type of Climb	Number of Rungs	Max Continuous Duration	Other Comments

Additional Information: _____

Manual Dexterity – Ability to work with hands rapidly and accurately in performing tasks that involve using the whole hand for grasping, holding, turning.		
Scale	Description	Other Comments
3	Holding mouse and telephone handset	Also to handle books
Additional Information: _____		

Finger Dexterity – Ability to move fingers and manipulate small objects rapidly and accurately.		
Scale	Description	Other Comments
3	Required to use computer keyboard	
Additional Information: _____		

Bi Lateral Hand Coordination – The ability to move both hands rapidly and accurately, making precise movements with speed.		
Scale	Description	Other Comments
3	Required for working on the computer	
Additional Information: _____		

Eye-Hand-Foot Coordination – Ability to move hands and feet in coordination with one another in accordance with visual stimulation.		
Scale	Description	Other Comments
3	When ascending and descending stairs	
Additional Information: _____		

Balancing – The ability to maintain bodily equilibrium and stability. The ability to balance on level surfaces (i.e. indoors), uneven surfaces (i.e. outside), ladder, or balance beam.				
Surface	Distance (ft/m)	Feet position	Description	Other Comments
Additional Information: _____				

Sense of Touch – To put the hand or finger or some other body part on an object or individual so as to perceive size, shape, temperature, or texture.	
Description	Other Comments
Additional Information: _____	

Sense of Smell – Perceiving odors or scents by means of the organs in the nose to the extent needed to distinguish or recognize particular odors.	
Description	Other Comments
Additional Information: _____	

Speaking Clearly – To be able to communicate, using the voice, in a manner that is easily perceptible.	
Description	Other Comments
Required to communicate with colleagues and clients	
Additional Information: _____	

Fees: Global Health and Medical

GD-336 (4-15)
Word Section 2, Version 1

CUSA000606

Hearing-Speech Range – To be able to hear all sounds in the vibratory wavelength of the human voice.	
Description	Other Comments
Required for effective communication with colleagues and customers	Use of hearing aids is acceptable

Additional Information: _____

Hearing All Ranges – To be able to hear all sounds in the vibratory wavelength of human hearing.	
Description	Other Comments
To hear sounds at near and distance e.g. alarms, horns etc.	

Additional Information: _____

Seeing, Reading & Comprehension – To be able to visually perceive the words on a page or object so as to allow the individual to understand what is to be communicated by the printed words	
Description	Other Comments
Required to be able to read emails, policies and other documents	Use of corrective glasses are acceptable

Additional Information: _____

Seeing, Distant - The ability to see objects that are 20 feet / 6 meters or more from the individual in a manner that allows the individual to make judgments about the object.	
Description	Other Comments
To be able to see other persons, objects or hazards ahead	Use of corrective glasses are acceptable

Additional Information: _____

Seeing Near – The ability to see objects that are 20 inches / 51 centimeters or less from the individual in a manner that allows the individual to make judgments about the object.	
Description	Other Comments
Required to read clearly, see near objects and recognise colleagues	Use of corrective glasses are acceptable

Additional Information: _____

Depth Perception – The ability to perceive and judge different distances and spatial relationships between objects.	
Description	Other Comments

Additional Information: _____

Color Vision – The ability to distinguish and identify differences in colors	
Description	Other Comments

Additional Information: _____

Emergency Evacuation – The ability to leave a location very quickly in an emergency situation.		
Description	Max Continuous Duration	Other Comments
Employee should be able to vacate facility in the event of emergency and move to muster point	5 mins	

File: Global Health and Medical

 09-30-25 (4:15)
 Word Electronic Version

CUSA000607

Additional Information: _____

SECTION 4 - ADDITIONAL INFORMATION

(Add other Physical Demands, Working Conditions, Personal Protective Equipment or general comments. Attach a separate sheet if necessary.)

SECTION 5 - GO-308 DEVELOPMENT AND COMPLETION

Check Box

- ☒ Interim Development Signature
(GO-308 has not yet been
through the complete GO-308
procedure)

IWUANYANWU I. /
ADEBAYO J. / ENAHOLO
B.

Name

CNL / EUROFLOW

Company

76215 / 61172

Phone Number

08 / 01 / 2016

Date (mm/dd/yyyy)

- ☒ Onsite Functional Job Analysis
Performed
(Steps 4, 5 and 6 of the OE-
FFD GO-308 procedure have
been completed)

IWUANYANWU I. /
ADEBAYO J. / ENAHOLO
B.

Name

CNL /
EUROFLOW

Company

76215 / 61172

Phone Number

08 / 10 / 2016

Date (mm/dd/yyyy)

- ☒ Final Developer Signature
(Steps 4, 5 and 6 of the OE-
FFD GO-308 procedure have
been completed)

IWUANYANWU I. /
ADEBAYO J. / ENAHOLO
B.

Name

CNL / EUROFLOW

Company

76215 / 61172

Phone Number

/ /

Date (mm/dd/yyyy)

SECTION 6 - SIGNATURES OF WITNESSES

MRS. OLUYOMI
AFOLABI

Name

Signature

CNL / MGR. HR
ADMIN AND
SERVICES

Company / Job Title

68111

Phone Number

03 / 26 / 2013

Date (mm/dd/yyyy)

MRS. M. O. AKEREDOU

Name

Signature

CNL / SUPV.
OFFICE SUPPORT
SERVICES

Company / Job Title

68191

Phone Number

03 / 26 / 2013

Date (mm/dd/yyyy)

DR. O. C. PITAN

Name

Signature

CNL / OH
PHYSICIAN

Company / Job Title

61807

Phone Number

03 / 26 / 2013

Date (mm/dd/yyyy)

Name

Signature

Company / Job Title

Phone Number

Date (mm/dd/yyyy)

FD-303 (Rev. 10-16-2013)

GO-308 (4-15)
Word Electron Version

CUSA000608

Please make sure to complete Section 8 and 9 during the reevaluation process.

Supervisor: AKEJU OSARETIN / OKUGO ANTHONY /
NENGHE LUCKY

Print Name

Signature

10/20/2016
Date (mm/dd/yyyy)

Management: EFFIONG ANTHONY / ABIOLA NNAOBI /
MOIQUETAN NED

Print Name

Signature

11/04/2016
Date (mm/dd/yyyy)

GHM / Designee: DR. O. C. PILAN

Print Name

Signature

11/07/2016
Date (mm/dd/yyyy)

Completed GO-308 and Functional Capacity Evaluation (FCE), if appropriate, sent to GO308@Chevron.com

11/07/2016
Date (mm/dd/yyyy)

GO-308 Physical Requirements and Working Conditions Form Instructions

The term Developer will be used to identify the company/person that will develop/update the GO-308. The GO-308 forms should be re-evaluated and updated at least every five years, or earlier, if the job scope or physical requirements / working conditions change.

Section 1 – Position Information

GO-308 Category: Combination of position titles with like physical requirements and working conditions

Supervisor: Complete all areas of this section with the assistance from your HR Business Partner, Operational Excellence SBU Fitness for Duty Process Advisor, HES Specialist and Global Health and Medical (GHM) (if needed)

Reporting Units (RUs): Are distinct organizations that report a set of operational results on an ongoing basis to Chevron's Office of the Chairman. There are three RU levels

- Summary RU: represents a broad area of Chevron, such as Downstream and Chemicals or Chevron Upstream or Gas and Midstream
- Rollup RU: represents major areas of Chevron, such as Manufacturing or North America Exploration & Production or Pipeline
- Employee RU: represents a further breakout of operational areas, such as El Segundo Refinery, LABU or MidContinent

Examples of RU Hierarchy (this is only a partial listing) are below. For some Reporting Units, Employee RU is the same as the Rollup RU

Summary RU	Rollup RU	Employee RU
Corporate Staffs	Business Development	Business Development
	Executive Staff	Executive Staff
	Law, Governance & Compliance	Law Governance Compliance
Downstream & Chemicals	Lubricants	Americas Finished Lubricants
	Manufacturing	Richmond Refinery
Chevron Upstream	North America Exploration & Production	MidContinent
	Africa/Latin America (CALASP)	Southern Africa, Latin America (LABU)

7-00 Global Health and Medical

GO-308 (Rev. 14)
Work Instruction Version

CUSA000609

	Production	
	African America (CAAEP)	Southern Africa, Latin America (LASU)
Gas and Midstream	Pipeline	Pipeline
	Storage	Shipping
Technology, Projects and Services	Information Technology	Information Technology
	Energy Technology	Energy Technology

Location: City, State/Province, Country: Identify the actual work location information.

Safety Sensitivity: Identify if position is safety sensitive, highly safety sensitive, or non-safety sensitive.

Medical Evaluation: Check the appropriate box. GHM and/or their designees are available for consultation.

FCE: Check the appropriate box. If a FCE is required, attach the FCE protocol with the completed GO-308.

Section 2 – Physical Requirements (Summary)

Developer: Complete this section after completing/updating GO-308.

Frequency: N = Never O = Occasionally (1-33% of the day) F = Frequently (34-66% of the day) C = Constantly (67-100% of the day)

Dexterity and Coordination: 1 = Extremely High Ability 2 = Above Average Ability 3 = Average Ability 4 = Below Average Ability 5 = Negligible Ability

Motor and Sensory: R = Required NR = Not Required

Section 3 – Working Conditions

Developer: Complete this section after completing/updating the GO-308.

Section 4 – Protective Equipment Required

Developer: Complete this section after on-site analysis of the job.

Section 5 – Individual Position Titles

Jobs that can be combined, for GO-308 purposes, based upon physical demands. A GO-308 is not a requirement at this level, provided the position is covered at the GO-308 Category level.

Developer: Complete with assistance from SBU HR Business partner, HES Specialist, Operational Excellence SBU Process Advisor and GHM (if needed) after all the GO-308's have been developed for SBU.

Section 6 – Physical Requirements (Detailed)

Developer: Complete this section based on job analysis questionnaire, on-site analysis, and position interviews. This portion should be very specific and include complete details of the physical requirements of the job.

Section 7 – Additional Information

Developer: Use this section to document any items not previously documented.

Section 8: GO-308 Development Actions Taken

Developer: Complete Quality Assurance review of the GO-308 form prior to obtaining required signatures and submitting to the GO-308 Repository for uploading.

Interim Developer Signature: This GO-308 has not been through the complete GO-308 procedure. Please check the box and sign and date the form. Your signature acknowledges that this is an Interim GO-308 and this GO-308 has not been through the complete GO-308 procedure for the positions listed.

Onsite Functional Job Analysis Performed: Steps 4, 5 and 6 of the OE-FFD GO-308 procedure have been completed (box checked in above section). Please check the box and sign and date the form.

Final Developer Signature: Steps 4, 5 and 6 of the OE-FFD GO-308 procedure have been completed (box checked in above section). Please review the GO-308 form for accuracy, then check the box and sign and date the form. Your signature will acknowledge that the GO-308 accurately describes the physical requirements and working conditions of the positions listed.

Section 9 – Steering Team (recommended) or Local Management Review and Approval (Original Development of GO-308)

This section is provided to document agreements of the GO-308 steering team or local Management. The steering team may include the following types of roles: Fitness for Duty Process Advisor, Human Resources, HES, Managers, Union Stewards, and/or Global Health and Medical (GHM) and/or their designee.

Steering Team or Co-Co Management: Obtain appropriate signatures and complete team member roles. Individual signatures will acknowledge that you approve the GO-308 and agree with the Medical Evaluation and FCE requirements.

Flexi-Cube (Interim Version)

GO-308 (4-15)
Word Document Version

CUSA000610

Section 10 – Signature Updated

This section is provided for when the GO-308 is updated

Developer: Obtain appropriate signatures

Supervisor: Your signature will acknowledge that the GO-308 has been revalidated and accurately describes the physical demands of the positions listed

Section 11 – GO-308 Repository

Developer: Email the completed GO-308 word document (.doc) including the PCE, if appropriate to GO308@Chevron.com for uploading into the GO-308 repository.

GO-308 Developer: Maintain all GO-308 documentation as outlined in the OE - Fitness for Duty process. Creating and updating the GO-308 Procedure

Global Health & Medical (GHM): Perform administrative review of the GO-308 prior to uploading into the GO-308 repository. Return complete GO-308 forms to the supervisor for completion

From: EMPortal_DO_NOT_REPLY@chevron.com
To: NMA - Expat Admin.; Isiocha, Chinyere (ChinyereIsiocha); Okoroeduru, Idongest A. (IAIAI); Health & Medical Services - North and South America Expatriate Ex; Health & Medical Services - Europe, Afr, Mid East, Eurasia Expat; Immigration Group; Mirahueno, Pijo Velante; Jueves, Therese Nicole; Jueves, Therese Nicole
Subject: Snookal, Mark - Escravos, Nigeria - Domestic to International Notification
Date: Tuesday, July 09, 2019 12:51:39 AM

To Whom It May Concern,

This e-mail message is sent to you by Chevron Global Expatriate Administration Group. We would like to notify you about the new assignment acceptance with information in the table below.

ASSIGNEE INFORMATION	
Assignee Name	
(Last Name, First Name)	Snookal, Mark
Chevron-issued 4-Letter CAI	MVZM
Email	Mark.Snookal@chevron.com
Payroll	United States
Marital Status	Single
Host Family Size	1
Phone Number to Contact	+1 310-615-5208
Home Country	United States
Point of Origin	El Segundo, California
New Assignment	EGTL Reliability Engineering
Job Title	Manager
Home Personnel Number	70017136
New Hire	No
NEW ASSIGNMENT INFORMATION	
New Assignment	Rotational
New Assignment Country	Nigeria
New Assignment City/Work Location	Escravos
New Assignment Company	0811 - Chevron Upstream & Gas
New Assignment Cost Center	XCPR225000
New Assignment Supervisor Name	Okeowo, Siji
New Assignment Supervisor Email	siji.okeowo@chevron.com
Move Type	Domestic to International
Anticipated Start Date	1 Jul 2019
Assignment Duration	3-4 years
Career Couple	No
Spouse's Name	
(Last Name, First Name)	

CUSA000612

CURRENT ASSIGNMENT INFORMATION	
Current Assignment	Domestic
Current Host	El Segundo, United States
City/Work Location	
Current Assignment	0061 - Chevron Products Company
Company	
Current Assignment Cost	DCRES00758
Center	
OTHER CONTACTS	
HR Assignee	
Counselor Name (Last Name, First Name)	Mirabueno, Bijo
HR Assignee	
Counselor Email	JosephineMirabueno@chevron.com
Home-Country HR	
Contact Name	Andrews, Kelly
Home-Country HR	
Contact Email	KellyAndrews@chevron.com
Home-Country HR	
Contact Phone	+1 310-615-5468
New Assignment	
HR Contact Name	Ajayi, Nwamaka
New Assignment	
HR Contact Email	NwamakaAjayi@chevron.com
New Assignment	
HR Contact Phone	+234 3660000X68122

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Email: expatjob@chevron.com

CUSA000613

KAISER PERMANENTE**RECEIVED****JUL 29 2019**

LOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969

Snookal, Mark J

MRN: 000004554567, DOB: 4/13/1972, Sex: M

Visit date: 4/3/2019

Order Providers

Authorizing

Khan, Shahid Hameed (M.D.)

Encounter

Khan, Shahid Hameed (M.D.)

Billing

Khan, Shahid Hameed (M.D.)

Order Information

Date

4/3/2019

Department

CARDIOLOGY

Ordering/Authorizing

Khan, Shahid Hameed (M.D.), M.D.

Associated Diagnoses**AORTIC ANEURYSM****AORTIC VALVE REGURGITATION****Result Information**Status: Final result (Collected:
4/10/2019 08:57)

Provider Status: Reviewed

Result Notes for CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM**Notes recorded by Khan, Shahid Hameed (M.D.), M.D. on 4/11/2019 at 11:35 AM PDT**

Call Center Nurses: Please let patient know that his Aorta looks stable on his recent CT scan. No change in aortic size.

CTA Aorta 4/10/2019:

Aortic root is stable at 4.2 cm. Maximal size of ascending thoracic aorta is 4.1 cm. Compared to 5/16/17 there has been no significant Change

Electronically signed by,

S. KHAN MD

Attending Cardiologist, Division of Cardiology, SCPMG

Clinical Associate Professor, UCLA School of Medicine

Ph: 323-783-4585

4/11/2019

11:35 AM

4/10/2019 10:28 AM - Interface, Scal_Radiology**Narrative**

CT1/4 @ 6" PREFER MON/WED PROTOCOL: GATED AORTA.

Lab and Collection

CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM - 4/3/2019

Result History

CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM on 4/10/2019

Transcription

Type

ID

Date and Time

Dictating Provider

Diagnostic imaging

86769685

4/10/2019 10:28 AM

Hsu, Joe Yo (M.D.), M.D.

Signed by Hsu, Joe Yo (M.D.), MEDICAL DOCTOR on 04/10/19 at 1028

CARDIAC CTA: 4/10/19

Kaiser Permanente

Page 1

CUSA000614

KAISER PERMANENTE

LOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969

Snookal, Mark J
MRN: 000004554567, DOB: 4/13/1972, Sex: M
Visit date: 4/3/2019

HISTORY: 46-year-old male with aortic regurgitation and aortic root enlargement.

TECHNIQUE: Cardiac CTA is performed following administration of 130 ml of IV contrast material.

As required by California law, the CTDIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

Type / CTDIvol / DLP / Phantom
Chest / 5.55 / 136.04 / B
Chest / 16.46 / 8.23 / B
Chest / 17.39 / 365.11 / B
Total Exam DLP: 509.38
CTDIvol = mGy DLP = mGy-cm
Phantom: B=Body32, H=Head16

QUALITY: Fair, arrhythmia with PVCs

COMPARISONS: CTA 5/126/17, 5/26/16, 4/21/15

FINDINGS:

AORTA: Left arch with normal branching of great vessels. Normal ductus bump.

AORTIC VALVE: 3 cusps without calcification.

Aortic measurements are as follows:

AORTIC ANNULUS: 2.1 x 3.5 cm
AORTIC ROOT: 4.2 cm (average of 3 measurements from convexity to commissure)
SINO-TUBULAR JUNCTION: 3.7 x 3.8 cm
ASCENDING AORTA AT LEVEL OF RIGHT PULMONARY ARTERY: 3.9 x 4.1 cm
AORTIC ARCH: 2.7 x 3.0 cm (proximal to origin of left subclavian artery)
DESCENDING AORTA AT LEVEL OF RIGHT PULMONARY ARTERY: 2.7 x 2.9 cm
ABDOMINAL AORTA AT HIATUS: 2.5 x 2.6 cm

OTHER FINDINGS: Lungs are clear. No acute airspace disease. No

Kaiser Permanente

Page 2

CUSA000615

KAISER PERMANENTE

LOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969

Snookal, Mark J
MRN: 000004554567, DOB: 4/13/1972, Sex: M
Visit date: 4/3/2019

effusion or consolidation seen. No mediastinal or hilar
lymphadenopathy. Visualized upper abdomen show cholecystectomy.

IMPRESSION:

Aortic root is stable at 4.2 cm. Maximal size of ascending thoracic
aorta is 4.1 cm.

Compared to 5/16/17 there has been no significant change.

This report electronically signed by Joe Hsu, MD on 4/10/2019 10:23 A

Display only: Transcription (86769685) on 4/10/2019 10:28 AM by Hsu, Joe Yo (M.D.), M.D.

Order Providers

Authorizing
Khan, Shahid Hameed (M.D.)

Encounter
Lockerbie, Colin S

Billing
SCAL PROVIDER

Order Information

Date
4/9/2019

Department
CARDIOLOGY

Released By
Lockerbie, Colin S

Authorizing
Khan, Shahid Hameed (M.D.),
M.D.

Original Order

Ordered On
4/9/2019 3:25 PM

Ordered By
Lockerbie, Colin S

Associated Diagnoses

AORTIC VALVE REGURGITATION

Result Information

Status: Final result (Collected:
4/9/2019 15:32)

Provider Status: Reviewed

4/16/2019 2:02 PM - Interface, Scal_Results_A

Component
REPORT

KAISER PERMANENTE

LOS ANGELES MEDICAL
CNTRL
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969

Snookal, Mark J

MRN: 000004554567, DOB: 4/13/1972, Sex: M

Visit date: 4/9/2019

4/16/2019 2:02 PM - Interface, Scal Results_A (continued)

Conclusions

Summary

Technically very difficult study.
NSR with frequent PVCs.

Normal left ventricular wall thickness. Mildly increased left ventricular size and normal systolic function with an estimated ejection fraction of 55-60%. Indeterminate diastolic function.
Upper normal left atrial size. Mild right atrial enlargement.
Upper normal right ventricular size and systolic function.

Structurally normal mitral valve without stenosis. Trace mitral regurgitation.
Structurally normal trileaflet aortic valve. Mild to moderate eccentric aortic regurgitation. No aortic stenosis. Aortic regurgitant pressure half-time is 524 ms.
Aortic root measures 4.4 cm. Normal aortic arch size.

Findings

Mitral Valve

Structurally normal mitral valve without stenosis. Trace mitral regurgitation.

Aortic Valve

Structurally normal trileaflet aortic valve. Mild to moderate eccentric aortic regurgitation. No aortic stenosis. Aortic regurgitant pressure half-time is 524 ms.

Tricuspid Valve

Cannot reliably estimate right ventricular systolic pressure (RVSP).

Pulmonic Valve

The pulmonic valve leaflets are thin and pliable; valve motion is normal. Mild pulmonic regurgitation is present.

Left Atrium

Upper normal left atrial size.

Left Ventricle

Normal left ventricular wall thickness. Mildly increased left ventricular size and normal systolic function with an estimated ejection fraction of 55-60%. Indeterminate diastolic function.

Right Atrium

Mild right atrial enlargement.

Right Ventricle

Upper normal right ventricular size and systolic function.

Pericardial Effusion

No pericardial effusion.

Aorta

Aortic root measures 4.4 cm. Normal aortic arch size.

Miscellaneous

IVC diameter is = 2.1 cm with a > 50% inspiratory collapse, suggestive of a right atrial pressure of 0-5 mmHg.

Signature

Electronically signed by LEBOWITZ, STEPHEN HOWARD MD (Interpreting physician) on 04/16/2019 02:01 PM

** Note: For images and the full report use the "PACS Images" link below **

KAISER PERMANENTE

LOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969

Snookal, Mark J

MRN: 000004554567, DOB: 4/13/1972, Sex: M

Visit date: 4/9/2019

4/16/2019 2:02 PM - Interface, Scal_Results_A (continued)

Linked Documents

[View Image](#)

Lab and Collection

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER COMPLETE -
4/9/2019

Result History

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER
COMPLETE on 4/16/2019

END OF REPORT



Circulation

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About



Sections



Tools



Risk of Rupture or Dissection in Descending Thoracic Aortic Aneurysm

Joon Bum Kim, MD, PhD Kibeom Kim, BA
Mark E. Lindsay, MD, PhD Thomas MacGillivray, MD
Eric M. Isselbacher, MD Richard P. Cambria, and MD
Thoralf M. Sundt III MD From Division of Cardiac Surgery
(J.B.K., T.M., T.M.S.), Thoracic Aortic Center (J.B.K.,
K.K., T.M., E.M.I., R.P.C., T.M.S.), Cardiology Division
(M.E.L., E.M.I.), Pediatric Cardiology (M.E.L.), and
Vascular and Endovascular Surgery (R.P.C.),
Massachusetts General Hospital, Harvard Medical
School, Boston; and Department of Thoracic and
Cardiovascular Surgery, Asan Medical Center,
University of Ulsan College of Medicine, Seoul, South
Korea (J.B.K., M.E.L.)

CUSA000619

Trial Exhibit 88
p. 291

[Other version\(s\) of this article](#) ✓

Abstract

Background—

Current practice guidelines recommend surgical repair of large thoracic aortic aneurysms to prevent fatal aortic dissection or rupture, but limited natural history data exist to support clinical criteria for timely intervention.

Methods and Results—

Of 3247 patients with thoracic aortic aneurysm registered in our institutional Thoracic Aortic Center Database, we identified and reviewed 257 nonsyndromic patients (age, 72.4 ± 10.5 years; 143 female) with descending thoracic or thoracoabdominal aortic aneurysm without a history of aortic dissection in whom surgical intervention was not undertaken. The primary end point was a composite of aortic dissection/rupture and sudden death. Baseline mean maximal aortic diameter was 52.4 ± 10.8 mm, with 103 patients having diameters ≥ 55 mm. During a median follow-up of 25.1 months (quartiles 1–3, 8.3–56.4 months), definite and possible aortic events occurred in 19 (7.4%) and 31 (12.1%) patients, respectively. On

CUSA000620

and 5.1 (12.1%), patients, respectively. On multivariable analyses, maximal aortic diameter at baseline emerged as the only significant predictor of aortic events (hazard ratio=1.12; 95% confidence interval, 1.08–1.15). Estimated rates of definite aortic events within 1 year were 5.5%, 7.2%, and 9.3% for aortic diameters of 50, 55, and 60 mm, respectively. Receiver-operating characteristic curves for discriminating aortic events were higher for indexed aortic sizes referenced by body size (area under the curve=0.832–0.889) but not significantly different from absolute maximal aortic diameter (area under the curve=0.805).

Conclusions—

Aortic size was the principal factor related to aortic events in unrepaired descending thoracic or thoracoabdominal aortic aneurysm. Although the risk of aortic events started to increase with a diameter >5.0 to 5.5 cm, it is uncertain whether repair of thoracic aortic aneurysms in this range leads to overall benefit, and the threshold for repair requires further evaluation.

Introduction

Aneurysm of the descending thoracic (DTA) and thoracoabdominal aorta (TAA) is a life-threatening disorder given the risks of aortic

CUSA000621

occur. The decision to intervene prophylactically, however, is complicated by the significant mortality and morbidity associated with surgical intervention for these conditions. Current practice guidelines call for surgical repair of asymptomatic thoracic aortic aneurysms with diameters of ≥ 55 mm as a Class I recommendation.¹ Extensive TAAs are given a higher threshold of 60 mm.¹

Editorial see p 1600

Clinical Perspective on p 1629

Recent observations have shown that adverse aortic events may occur at smaller diameters.^{2,3} For instance, reports from the International Registry of Acute Aortic Dissection showed that 40% of patients with acute type A AD may have aortic diameter of ≤ 50 mm, and among those with type B AD, as many as 80% had aortic diameters < 55 mm.^{3,4} These observations have encouraged re-examination of the current practice guidelines. Furthermore, progression of endovascular technology enables treatment of the aortic diseases less invasively, potentially reducing treatment-related mortality or serious morbidity.⁵⁻⁹ Convergence of these forces suggests that earlier prophylactic interventions for DTAs may be appropriate and emphasizes the need for a deeper understanding of the predictors of these aortic complications. Finally,

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several aortic measures indexed to body size have been proposed recently as alternatives to simple diameter for predicting complications,^{10,11} but few studies have examined the predictive value of these metrics.

Unfortunately, there are a number of significant challenges in determining the natural course of unrepaired TAAs, including the relatively uncommon population frequency of the condition, the incomplete nature of most data sets, and the problem of ascertaining causes of sudden death, not to mention the impact of censoring of data at the time of surgical intervention.¹² Much of our current understanding of the disease is based on the pioneering studies conducted by the group at Yale University, which is almost unique in the evaluation of the natural prognosis of unrepaired TAAs, and data from those studies stand as the only data of their kind cited in the current guidelines for indication of prophylactic aortic aneurysm repairs.^{10,13,14} Despite their widespread use, these data have significant limitations, however. For instance, patients with and without connective tissue disease were included in the data set, and ascending versus descending thoracic aneurysms were not anatomically differentiated. A very sophisticated study was performed by Juvonen et al¹⁵ to derive an equation to estimate rupture rate based on 114 patients with DTA/TAA aneurysms. However, the study was limited by a

CUSA000623

consideration of the time effect in the statistical model.

We therefore sought to evaluate the outcomes of unrepaired descending thoracic and TAA aneurysms as captured in our institution's Thoracic Aortic Center database in the interest of contributing to a greater understanding of the optimal triggers for surgical intervention by determining independent predictors of adverse events.

Methods

Study Subjects

Patients with diverse aortic diseases referred to the Massachusetts General Hospital Thoracic Aortic Center are prospectively registered into an institutional database that records baseline patient characteristics, detailed information on aortic interventions, and follow-up outcomes. This database was queried for "thoracic aortic aneurysm" from July 1992 through August 2013, yielding 3247 adult patients (age ≥ 17 years). A retrospective review was then undertaken for these patients, including systematic reviews of computed tomography (CT) or magnetic resonance imaging (MRI) of the whole aorta performed at baseline. Aortic diameters were measured systematically at the levels of ascending, arch, descending thoracic, and thoracoabdominal segments. Patients with

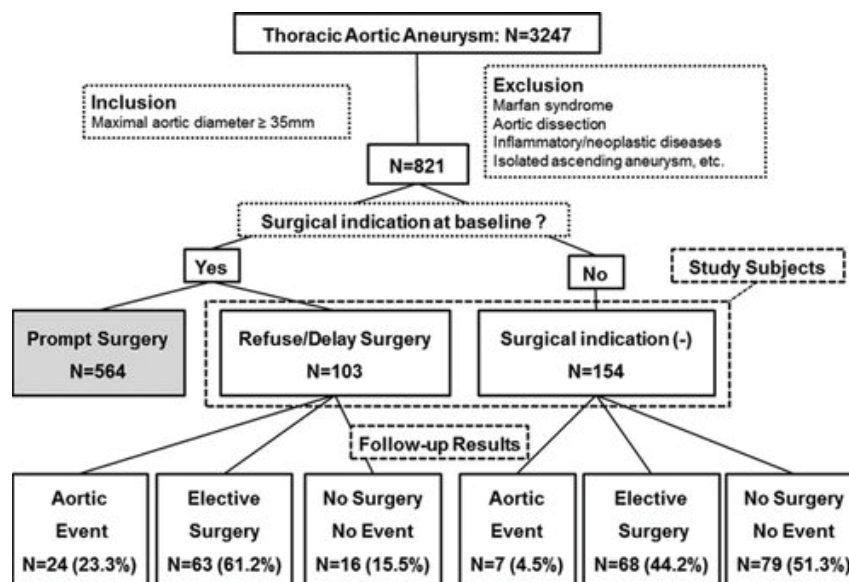
CUSA000624

included in this study. In the interest of forming a more homogeneous study population with primary degenerative DTAs, those with known connective tissue disorders (Marfan, Loeys-Dietz, and Ehlers-Danlos syndromes), inflammatory/neoplastic aortic diseases, AD, isolated ascending aortic aneurysm, history of prior thoracic aortic surgery, or congenital anomaly of the aorta (ie, coarctation of aorta and Kommerell diverticulum) were excluded. Patients scheduled to receive elective aortic interventions at the time of entry to the database were excluded (n=564: open surgery in 286, thoracic endovascular repair [TEVAR] in 278) because the course of dilated native aorta could not be evaluated. However, 1 patient scheduled for elective surgery had aortic rupture 19 days after initial presentation while awaiting operation; this patient was included in this study.

Most patients with aortic diameters of ≥ 55 mm, those demonstrating rapid expansion (>5 mm/y), or symptomatic patients with aneurysms underwent timely surgery during the study period; however, some of these patients refused surgery or were counseled against surgery related to comorbidities. Ultimately, 257 patients formed the study population, as shown in the flowchart for enrollment in **Figure 1**. When these patients were compared with 564 patients who were excluded because they underwent

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prompt surgery, the study group was significantly older (74.6 ± 8.9 versus 70.1 ± 9.9 years; $P=0.001$) and more frequently had chronic obstructive pulmonary disease (50.5% [52 of 103] versus 20.0% [113 of 564]; $P<0.001$).



[Download figure](#) | [Download PowerPoint](#)

Caption ✓

Among the study patients, baseline CT or MRI images were reviewed for findings of atherosclerosis, mural calcification, and ulcer-like projection. The largest external diameter of the aorta was measured perpendicular to the axis of blood flow on the basis of baseline CT images or MRI.¹ In cases in which the aorta had elliptical cross-sectional shape, the smallest diameter was taken for the measurement, as previously reported^{16,17} Patients were

CUSA000626

previously reported. Patients were designated as having aortic atherosclerosis if calcifications or luminal irregularity was identified in the aortic wall on these studies.

To evaluate the indexed aortic sizes relative to the body size, body surface area (BSA) was calculated based on the Du Bois formula ($BSA = 0.007148 \times \text{weight}^{0.425} \times \text{height}^{0.725}$),¹⁸ and several indexes were calculated as follows: Yale index¹⁰ = maximal aortic diameter (cm)/BSA (m^2); Svensson index¹¹ = maximal aortic cross-sectional area (cm^2)/height (m), and indexed area = maximal aortic cross-sectional area (cm^2)/BSA (m^2)

The study protocol was approved by the institutional review board, and the requirement for informed consent from individual patients was waived as a minimal-risk study owing to the retrospective nature of the study design.

Definitions and Statistical Analysis

The primary end point was defined as a composite of adverse aortic events that included acute AD, aortic rupture, and sudden death not explained by causes other than aortic diseases. To establish unbiased definitions of the aortic events, we estimated aortic event rates as definite and possible events, as suggested by Lederle and colleagues.¹⁹ Definite events were aortic rupture or AD as confirmed by adequate imaging studies (MRI or CT) or surgical findings. Possible events included, in

CUSA000627

addition to definite events, sudden unexplained or unwitnessed deaths. The true event rate was assumed to lie somewhere between the definite event rate and the possible event rate.

Because the primary aim of this study was to evaluate the natural course of unrepaired aortic aneurysm, patients who underwent elective aortic surgery before the aortic events or who died of causes other than aortic disease were regarded as censored at the time of such events.

Information on clinical end points of individual patient was obtained through August 2014 by a review of longitudinal data from Partners Health Care system. This system, the largest healthcare system in Massachusetts, maintains a centralized clinical data registry of all patient encounters.²⁰ Data on vital status and dates of death were further validated by the Social Security Death Index if necessary. Patients who were lost to follow-up were regarded as censored at the latest visit date if they had not had any adverse events up to that point.

SPSS software version 14.0 (SPSS Inc, an IBM company, Chicago, IL) and R statistical software version 3.1.2 were used for statistical analyses. Categorical variables are presented as frequencies and percentages, and continuous variables are expressed as mean \pm SD or median with range (or quartiles 1–3). Kaplan-Meier

CUSA000628

curves were plotted to display conditional probability of adverse aortic events, and log-rank tests were used to compare between-group differences in rates. For multivariable analyses, the Cox proportional hazards models were used to determine independent risk factors of adverse aortic events. Variables with a value of $P \leq 0.20$ in univariable analyses were candidates for the multivariable Cox models. Multivariable analyses involved a stepwise backward elimination technique, and only variables with a value of $P < 0.10$ were used in the final model. To test the proportional hazards assumption in the Cox models, log (–log[survival]) curves were inspected, which confirmed no violation in the models.

The receiver-operating characteristic curve method was used to assess the predictability of baseline maximal aortic sizes for adverse aortic event within 1 year. This test was done for either absolute or relative aortic diameters indexed by body sizes. The results are presented by area under the curve with 95% confidence interval (CI) and were compared between absolute and each of indexed aortic diameters using the method suggested by DeLong et al.²¹ Risks of aortic events within 1 year based on initial aortic diameter were estimated with the logistic regression models.

All reported P values were 2 sided, and a value of $P < 0.05$ was considered statistically significant

CUSA000629

The authors had full access to and take full responsibility for the integrity of the data. All authors have read and agree to the manuscript as written.

Results

Baseline Characteristics

For the baseline imaging of the aorta, CT was used in 237 patients, and 20 patients were evaluated with MRI. **Table 1** summarizes baseline profiles of subject patients. As might be anticipated, most patients (>80%) had hypertension. A similar percentage had evidence of atherosclerosis in the aneurysmal aorta. Concomitant ascending aortic dilatation was observed in $\approx 60\%$ of patients, most of which were < 5.5 cm. About 60% of patients presented with aneurysms of the TAA, which was followed by DTA and arch in the descending frequencies. Distributions of maximal aortic diameter are illustrated in **Figure 2**, which shows differences in the distributions according to the location of the main aneurysmal lesions. At baseline, 103 patients (40.1%) demonstrated a diameter of ≥ 55 mm, with 62 patients (24.1%) having an aortic diameter of ≥ 60 mm. Data on height and weight were available for 196 (76.3%) to allow the calculation of indexed aortic sizes.

CUSA000630

Table 1. Patient Characteristics at the Time of Presentation (n=257)	
Age, y	72.4±10.5
Female sex, n (%)	143 (55.6)
Body mass index, kg/m ^{2*}	27.4±4.9
BSA, m ^{2*}	1.85±0.25
Diabetes mellitus, n (%)	34 (13.2)
Insulin therapy	3 (1.2)
No insulin therapy	31 (12.1)
Hypertension, n (%)	212 (82.5)
Chronic obstructive pulmonary disease, n (%)	105 (40.9)
Smoking history, n (%)	
Past	133 (51.8)
Current	51 (19.8)
Medications, n (%)	
β-Blockade	161 (62.6)

CUSA000631

Calcium channel blockade	76 (29.6)
ACE inhibitor	84 (32.7)
Angiotensin receptor blocker	31 (12.1)
Diuretics	81 (31.5)
History of AAA surgery, n (%)	23 (8.9)
Main lesion location, n (%)	
Arch	23 (8.9)
Descending thoracic aorta	79 (30.7)
Thoracoabdominal aorta	155 (60.3)
Imaging findings	
Aortic sizes	
Maximal aortic diameter, mm	52.4±10.8
Yale index*	2.90±0.72
Svensson index*	13.2±5.8
Indexed area*†	12.3±5.5

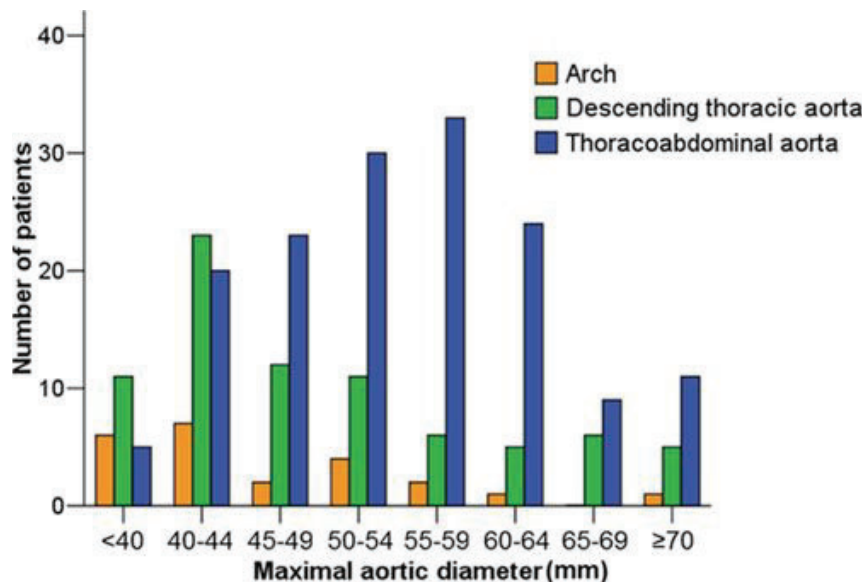
CUSA000632

Atherosclerosis, n (%)	210 (81.7)
Calcification, n (%)	188 (73.2)
Concomitant ascending aorta dilatation ≥ 35 mm, n (%)	154 (59.9)
≥ 35 – <40 mm	41 (16.0)
≥ 40 – <50 mm	80 (31.1)
≥ 50 mm	33 (12.8)
<p>AAA indicates infrarenal abdominal aortic aneurysm; ACE, angiotensin-converting enzyme; and BSA, body surface area.</p> <p>*Data available in 196 patients (76.3%).</p> <p>†Indexed area=maximal aortic cross-sectional area (cm²)/ body surface area (m²).</p>	

Clinical Outcomes

Follow-up was complete in 88.7% (n=228) with a median duration of 25.1 months (quartiles 1–3, 8.3–56.4 months, 791.5 patient-years). **Figure 2** illustrates the outcomes summary of patients. At baseline, 103 patients (40.1%) met conventional surgical indications based on

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CUSA000634

Caption ✓

Among patients for whom surgery was not indicated at the initial presentation (n=154, 59.9%), 68 (44.1%) subsequently underwent elective aortic repair at a median of 34.8 months (range 3.4–155.7 months), most often because of progressive aortic dilatation (Figure 2).

Another 7 patients (4.5%) in this group experienced adverse aortic events (rupture in 2, sudden death in 3, and AD in 2) at 3.2 to 141.2 months, of whom 4 had the events within 1 year of diagnosis. The remaining 79 patients remained alive (n=74) or died of other causes (n=5: cancer in 2, respiratory failure in 2 and multiple comorbidities in 1) without aortic intervention or an aortic event up to a median of 36.3 months (quartiles 1–3, 15.1–76.1 months).

Overall, 131 patients (60.0%) underwent elective aortic interventions (conventional open surgery in 74 and TEVAR in 57) at a median of 17.1 months (interquartile range, 5.9–38.4 months) with an operative mortality rate of 4.6% (n=6; TEVAR, 5.2% [3 of 57]; open surgery, 4.1% [3 of 74]), whereas the operative mortality rate among the 10 emergent cases was 10% (1 of 10, a TEVAR case).

CUSA000635

Summary of Adverse Aortic Events

There were 19 definite and 31 possible adverse aortic events occurring at a median of 8.7 months (quartiles 1–3, 3.2–16.8 months; **Table 2**). Of these, 10 definite and 16 possible events occurred within 1 year after the diagnosis of aortic aneurysm. The adverse events were as follows: 4 cases of ADs, 15 cases of aortic rupture, and 12 sudden deaths. Locations of the 19 definite aortic events in patients who had rupture or dissection were as follows: arch in 1 (rupture), DTA in 7 (rupture in 6 and dissection in 1), and TAA in 11 (rupture in 8 and dissection in 3). The lesion locations were unidentified in 12 patients who died suddenly in whom the aneurysm had been located at the arch in 3 and TAA in 9.

Table 2. Patient Outcomes

	Total (n=257)
Definite adverse aortic event, n (%) [*]	19 (7.4)
Possible adverse aortic event, n (%) [*]	31 (12.1)
Rupture	15 (5.8)
Aortic dissection	4 (1.6)

CUSA000636

Emergent surgery	10 (3.9)
Open TAA surgery	4 (1.6)
TEVAR	6 (2.3)
Fatal outcome by aortic events	19 (7.4)
Definite event within 1 y of diagnosis, n (%) [*]	10 (3.9)
Possible event within 1 y of diagnosis, n (%) [*]	16 (6.2)
Elective operation during follow-up, n (%)	141 (54.9)
Open TAA surgery	69 (26.8)
TEVAR	57 (22.2)
Arch repair	5 (1.9)
Death resulting from other causes, n (%) [†]	13 (5.1)
TAA indicates thoracoabdominal aorta; and TEVAR, thoracic endovascular aortic repair.	
[*] Definite aortic events include aortic	

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include sudden death in addition to definite aortic events.

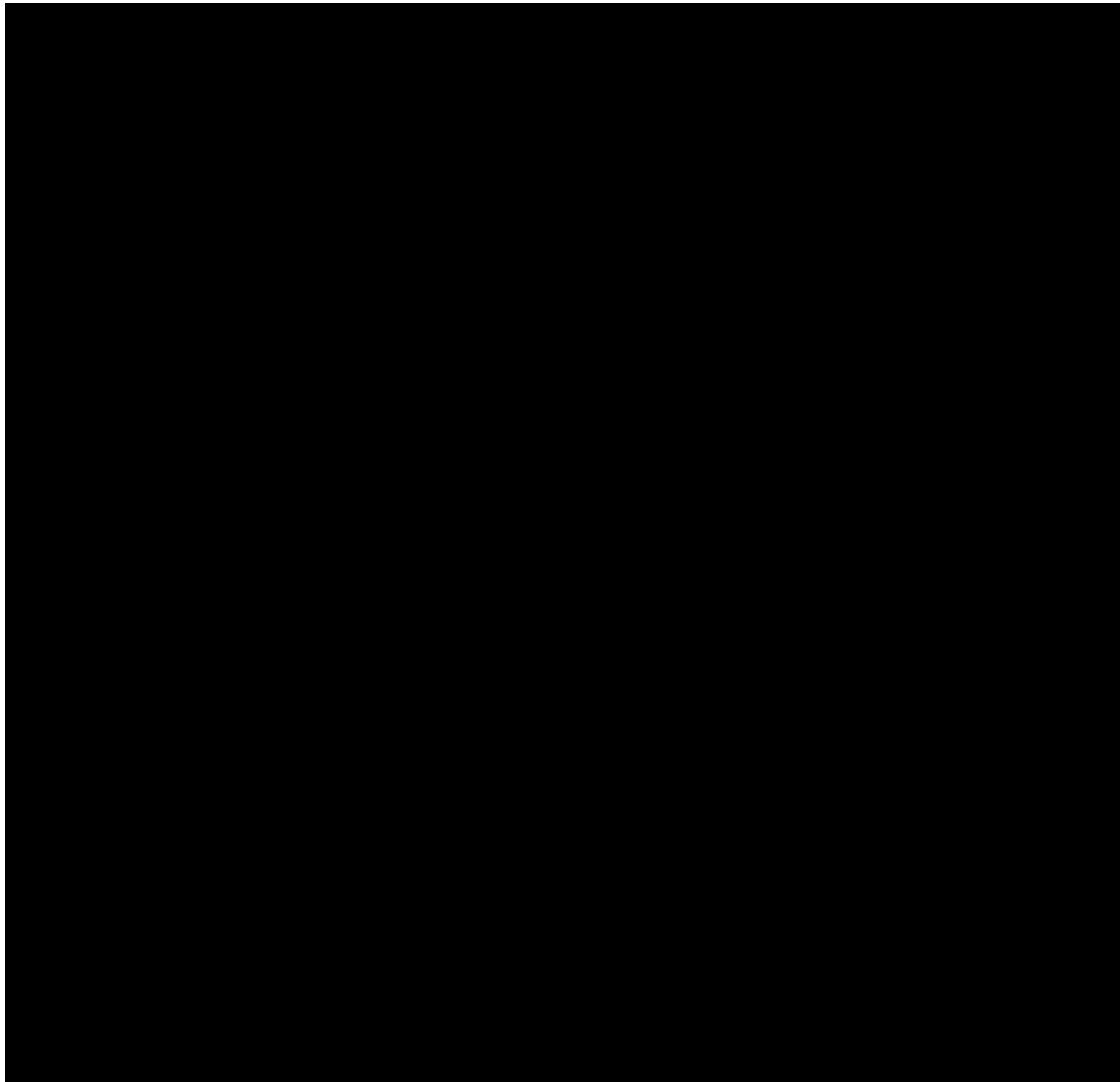
†Cancer in 2 patients, respiratory causes in 2 patients, operative mortality after elective aortic repair in 6 patients, and multiple comorbidity in 3 patients.

Emergent aortic interventions were conducted for 10 patients with definite aortic events, including conventional open surgical TAA repair in 4 and TEVAR in 6. Fatal outcomes occurred in 9 of the 19 patients (47.4%) with definite aortic events, including 1 patient who underwent emergent TEVAR (mortality rate of emergent surgery, 10.0%).

Of 31 patients who had possible aortic events, 14 patients had interim CT assessments between the time of initial presentation and the time of aortic events (Table I in the online-only Data Supplement). Mean aortic expansion rate was 3.9 mm/y in these patients, and 3 patients showed rapid expansion of the aorta (>5 mm/y). In 4 patients whose aneurysms were <55 mm, follow-up CT scans showed aortic diameters >55 mm in all patients.

For the study group as a whole, regardless of aortic diameter, cumulative incidence rates at 1, 3, and 5 years were $4.3 \pm 1.3\%$, $6.9 \pm 1.9\%$, and $9.7 \pm 2.6\%$, respectively, for definite aortic events

CUSA000638



From: Snookal, Mark <Mark.Snookal@chevron.com>

Sent: Friday, August 23, 2019 8:44 AM

To: Levy, Scott <ScottLevy@chevron.com>

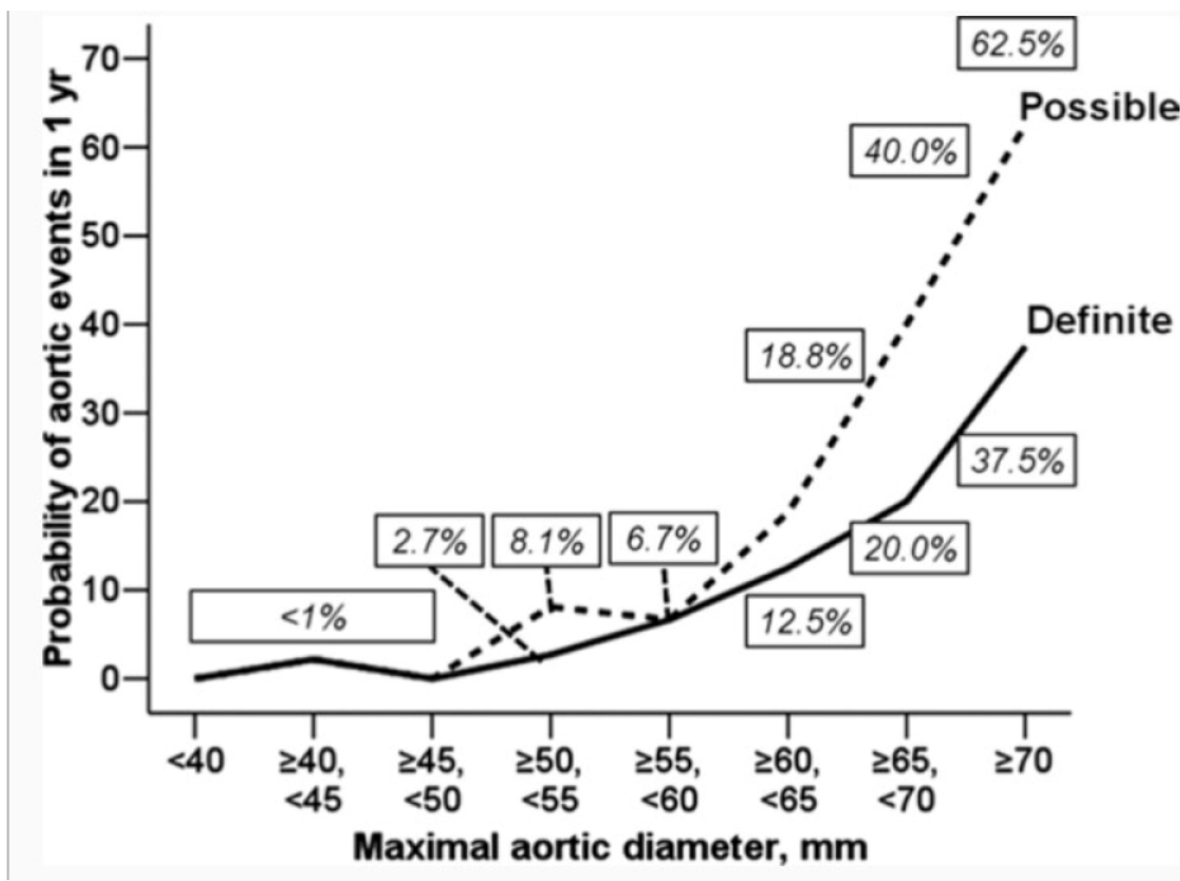
Subject: Re: medical

Scott,

Thank you for reviewing this. I have read that article in the past and I do not believe it to be directly applicable and it does not show risk data for my situation absent two complicating conditions. The two conditions they include in the data, connective tissue disorders and having a bicuspid valve, greatly increase the risk.

In my past research I found the paper I attached to be informative as it relates aneurysmal size with rupture/dissection risk.

CUSA000639



I will be on the lookout for Kaiser request.

Thanks again

Mark

From: Levy, Scott <ScottLevy@chevron.com>
Sent: Friday, August 23, 2019 8:19:29 AM
To: Snookal, Mark <Mark.Snookal@chevron.com>
Subject: medical
 Mark,

Thanks for speaking with me. As we discussed I called Dr. Khan's office at KP and left a voicemail for him. I asked for a response either through email or phone. You might get a question from KP validating that I have your permission to speak with them. The data I quoted you earlier came from the attached article and may be in fact different than your specific situation, which is something we can start by clarifying. I'll confirm as soon as I receive a response and will follow up again early next week if I don't hear anything.

Scott

Scott Levy
 Regional Medical Manager, Europe, Eurasia, Middle East & Africa
 TR & HM COE

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ScottLevy@chevron.com

Chevron Malaria Hotline for any questions about symptoms or treatment- +1 866 276 5118

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CUSA000641

From: Tse, Thalia [O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=99EFC14DBE5D41459200C7706476E94E-IAXH]
Sent: Thur 11/7/2019 12:13:04 AM Coordinated Universal Time
To: Powers, Andrew C [Andrew.Powers@chevron.com]
Subject: RE: Mark Snookal

Thank you for the guidance, Andrew!

Yes, I agree with your questions and my initial thought was you may be looped in on it. I also wanted to understand if this require going through job posting process vs. managed move? And PSG for the position (if it is a placed job, should it be evaluated by TR since Austin mentioned of Mark is up for review for PSG23 while the maintenance OA is a PSG 22.

I reached out to Austin so I can get a better understanding of it.

Please let me know if you have any questions.

Thank you.

t
HR Business Partner | El Segundo Refinery
iaxh@chevron.com

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From: Powers, Andrew C <Andrew.Powers@chevron.com>

Sent: Wednesday, November 6, 2019 2:45 PM

To: Tse, Thalia <thaliatse@chevron.com>

Subject: RE: Mark Snookal

Hi T,

Seems like this could be worth some dialogue between you and Austin and/or Troy. Some things that come to mind:

1. New positions (especially at this PSG level) seem to warrant OC/Local PDC approval. This is not explicitly stated in the ESE PDC Charter, however, we still want to ensure strong governance of headcount (especially adds). This could be a simple discussion at the OC (led by Troy), but he would want to have some good business reason for the add.
2. There is a focus on headcount governance. I would be curious to know how this fits into M&R's overall headcount. Are they looking to add here and eliminate another open position somewhere else?
3. As much as I think items 1 and 2 above are important, I do know that we committed to finding Mark something. I just want to make sure we are making an informed decision on adding a new position vs. placing him in an existing vacancy. Perhaps this discussion has already happened, but from what I understand you have not been informed about it and therefore further discussion seems warranted.

Hope this helps. Please let me know if I can clarify any of my thinking or if you'd like to chat in person.

Kind Regards,

Andrew

From: Tse, Thalia <thaliatse@chevron.com>

Sent: Wednesday, November 6, 2019 2:07 PM

To: Powers, Andrew C <Andrew.Powers@chevron.com>

Subject: Fwd: Mark Snookal

Hi Andrew,

This is the first time I heard about a new position for Austin's team. Will this considered adding headcount? Do I need OC approval to add headcount?

Please let me know if you have any questions.

Thank you.

t

Sent from my iPhone

Begin forwarded message:

From: "Ruppert, Austin" <Austin.Ruppert@chevron.com>

Date: November 6, 2019 at 2:00:42 PM PST

To: "Tse, Thalia" <thaliatse@chevron.com>

Subject: Re: Mark Snookal

New position

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From: Tse, Thalia <thaliatse@chevron.com>

Sent: Wednesday, November 6, 2019 1:30:19 PM

To: Ruppert, Austin <Austin.Ruppert@chevron.com>

Cc: Tortorich, Troy (TRMT) <TRMT@chevron.com>

Subject: Re: Mark Snookal

Hi Austin,

Thank you for reaching out! Is this a new position? Or someone left the position?

Please let me know if you have any questions.

Thank you.

t

Sent from my iPhone

On Nov 6, 2019, at 12:55 PM, Ruppert, Austin <Austin.Ruppert@chevron.com> wrote:

T,

I would like to manage move Mark Snookal into a Reliability Change OA role starting as soon as available. He will still report to me and I have attached the GO-400 for the role.

He is a PSG 22, but is up for review at this years session for a 23

Austin Ruppert

Reliability Manager

beyi@chevron.com

Tel 1-310-615-3383

Cell [REDACTED]

Chevron Products Company

324 W. El Segundo Blvd.

El Segundo, CA 90245

<Reliability Change OA GO400.docx>

From: Powers, Andrew C[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=AFB7F7C935FE4FB4938203195698DFEA-BDQS]

Sent: Mon 9/9/2019 3:53:49 PM Coordinated Universal Time

To: Tortorich, Troy (TRMT)[TRMT@chevron.com]

Subject: FW: Rescinded Job Offer in Nigeria

FYI.

From: Powers, Andrew C

Sent: Friday, September 6, 2019 7:57 AM

To: Snookal, Mark <Mark.Snookal@chevron.com>

Cc: Tse, Thalia <thaliatse@chevron.com>; Ruppert, Austin <Austin.Ruppert@chevron.com>

Subject: RE: Rescinded Job Offer in Nigeria

Mark,

Thanks for your email and I hear your concerns.

I've reached out to the Medical Department and while I'm not privy to any medical information, I understand a thorough review was conducted and alternatives were explored. We would respectfully disagree that the determination was based on stereotyping or impermissible discrimination.

In terms of next steps, we will ensure you have a position in El Segundo. However, the PDC is also exploring alternative expat and domestic assignments and we should have more information on that soon.

Regards,

Andrew Powers

HR Manager, El Segundo Refinery

Andrew.Powers@chevron.com

This message may contain confidential information and is intended only for the use of the parties to whom it is addressed. If you are not an intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of any information in this message is strictly prohibited. If you have received this message by error, please notify me immediately at the telephone number listed above.

From: Snookal, Mark <Mark.Snookal@chevron.com>

Sent: Wednesday, September 4, 2019 7:21 AM

To: Powers, Andrew C <Andrew.Powers@chevron.com>

Cc: Tse, Thalia <thaliatse@chevron.com>; Ruppert, Austin <Austin.Ruppert@chevron.com>

Subject: Rescinded Job Offer in Nigeria

Andrew,

I am very disappointed in the decision by Chevron Medical to classify me as "unfit" for the Reliability Engineering Manager position at EGTL. I believe this decision was made based on a lack of understanding and stereotypical assumptions about my medical condition and is, therefore, discriminatory in nature. As my condition does not affect my ability to perform the job duties of that position, I require no ongoing care outside of annual monitoring, working in a remote location does not affect my condition, a complication from my condition would cause no harm to others, and I have no work restrictions from my physician this decision seems excessively paternalistic.

After the initial finding of "unfit," I appealed the decision, and Chevron Medical requested permission to contact the specialist who cares for me, and I agreed. That specialist sent an email to Chevron Medical, stating that my condition is stable and has been for three years and that the risk is "low." That same physician had earlier provided me with a letter stating that "it is safe for him [me] to work in Nigeria...His [my] condition is under good control, and no special treatment is needed." Which I provided to Chevron Medical before they made their initial determination of "unfit." Additionally, I passed all aspects of the regular examination, and the issue arises purely from a question about medical history.

Aside from my complaint of medical discrimination, where does their decision leave me? I spoke with the manager I would have reported to in Nigeria this morning, and they are rescinding the offer, but my position in El Segundo has already been filled.

Mark Snookal

IEA Reliability Team Lead

Chevron Products Company

El Segundo Refinery

324 W. El Segundo Blvd.

El Segundo, CA 90245

Tel 310.615.5208

Mobile 310.678.5914

Mark.Snookal@chevron.com

From: Powers, Andrew C[O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=AFB7F7C935FE4FB4938203195698DFA-BDQS]

Sent: Mon 9/9/2019 6:07:18 PM Coordinated Universal Time

To: Ruppert, Austin[Austin.Ruppert@chevron.com]

Subject: RE: Rescinded Job Offer in Nigeria

Austin – In regards to international assignments, that will be between him and medical on where he is fit to go. In regards to domestic assignments, this is where you and Troy come in (determining what roles he will be competitive for). We can discuss more in person.

From: Ruppert, Austin <Austin.Ruppert@chevron.com>

Sent: Monday, September 9, 2019 10:54 AM

To: Powers, Andrew C <Andrew.Powers@chevron.com>

Subject: RE: Rescinded Job Offer in Nigeria

Andrew,

One thing I would like to discuss this afternoon is how we are going to handle future job applications from Mark. We/He doesn't have good guidance on how to address this, so I see it creating the potential for a lot of churn

From: Powers, Andrew C <Andrew.Powers@chevron.com>

Sent: Wednesday, September 4, 2019 12:49 PM

To: Tortorich, Troy (TRMT) <TRMT@chevron.com>; Ruppert, Austin <Austin.Ruppert@chevron.com>

Cc: Tse, Thalia <thaliatse@chevron.com>

Subject: RE: Rescinded Job Offer in Nigeria

All – Not for forwarding, but I wanted to give you a quick update. Apologies for the lengthy e-mail as I am traveling.

First, I heard back from medical. They were not able to provide any specific medical information but could state that having a medical condition by itself does not disqualify an individual if the risk can be managed effectively at the host location. In this situation, the host medical team reviewed the case and given the inherent risk and inability to mitigate/eliminate this risk in Escravos, led to the decision of unfit for expat assignment in this case. They did look into whether the position could be moved to Lagos, where there are hospitals and better medical resources but that was not feasible. It is common for the treating physician's decision to be overridden, this happens when the treating provider does not understand the local medical resources at the host location, the difficulty medically evacuating a person from the location, and the risk tolerance of the host, in short disagreements do happen. The use of the term "low risk" is a little misleading here as there is a specific risk of his underlying condition becoming problematic and although the treating doctor reported this individuals risk to be lower than what is written in the medical literature, it's still significant and higher than the business was willing to accept.

Second, I have asked medical how we have responded to these in the past. Mark is not the first person to be deemed unfit for expat assignment. I'd like to get proper and effective language before responding to Mark and let him know who his resources are to further discuss medical details (it is not appropriate if he discusses his condition with you, me or anyone besides medical).

Third, I think you will be best prepared by thinking about what role Mark can do within El Segundo. Do you have an existing vacancy? Do we have any roles that he could be good for in the near future? He mentions a backfill was identified, is that already finalized? I know it would not be ideal, but would you want to consider rescinding that person's offer since Mark's offer fell through? Main intent here is that we need to give Mark the assurance (if possible) that he should not worry about NOT having a job (we will figure something out). It is clear he is frustrated about not getting the expat role, but now is concerned what his employment looks like in general.

I will report back once I hear back from medical on how they have responded to these in the past. In the meantime, if you have any questions that need immediate attention, please feel free to call Thalia or myself.

Kind Regards,

Andrew Powers

HR Manager, El Segundo Refinery

Andrew.Powers@chevron.com

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From: Powers, Andrew C

Sent: Wednesday, September 4, 2019 7:41 AM

To: Tortorich, Troy (TRMT) <TRMT@chevron.com>; Ruppert, Austin <Austin.Ruppert@chevron.com>

Cc: Tse, Thalia <thaliatse@chevron.com>

Subject: Fwd: Rescinded Job Offer in Nigeria

Austin/Troy,

Please be thinking about what role Mark could do if this falls through. Thalia and I will investigate and see what medical can share/set us up with an appropriate response.

Note he finds this discriminatory, however, that is hard to know without further context from medical. I am sure there is a very good reason why this was rescinded.

Andrew

Sent from my iPhone

Begin forwarded message:

From: "Powers, Andrew C" <Andrew.Powers@chevron.com>

Date: September 4, 2019 at 7:35:44 AM PDT

To: "Snookal, Mark" <Mark.Snookal@chevron.com>

Cc: "Tse, Thalia" <thaliatse@chevron.com>, "Ruppert, Austin" <Austin.Ruppert@chevron.com>

Subject: Re: Rescinded Job Offer in Nigeria

Mark,

Thank you for bringing this to our attention. This is the first I am hearing of this. Therefore, please let me look into this and see if I can get a better understanding of why. We will get back to you ASAP.

Andrew

Sent from my iPhone

On Sep 4, 2019, at 7:21 AM, Snookal, Mark <Mark.Snookal@chevron.com> wrote:

CUSA000645

Trial Exhibit 88
p. 317

EX 88-089

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Mark Snookal

IEA Reliability Team Lead

Chevron Products Company

El Segundo Refinery

324 W. El Segundo Blvd.

El Segundo, CA 90245

Tel 310.615.5208

Mobile 310.678.5914

Mark.Snookal@chevron.com

From: Powers, Andrew C[O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=AFB7F7C935FE4FB4938203195698DFEA-BDQS]
Sent: Fri 9/6/2019 3:04:12 PM Coordinated Universal Time
To: Ruppert, Austin[Austin.Ruppert@chevron.com]
Cc: Tortorich, Troy (TRMT)[TRMT@chevron.com]; Tse, Thalia[thaliatse@chevron.com]
Subject: RE: Positions in 2H PDC

Thanks Austin. I pressed GO already, but I think your line below is something good for you to personally reinforce to him.
Andrew

From: Ruppert, Austin <Austin.Ruppert@chevron.com>
Sent: Friday, September 6, 2019 7:59 AM
To: Powers, Andrew C <Andrew.Powers@chevron.com>
Cc: Tortorich, Troy (TRMT) <TRMT@chevron.com>; Tse, Thalia <thaliatse@chevron.com>
Subject: Re: Positions in 2H PDC

Thanks Andrew. I am good with your original note, but you could also use what I wrote below for the second paragraph. I have been talking with Mark about next steps and making sure his circumstances align with the role, so this might make it clear we are all talking and on the same page.

In terms of next steps, we will continue to work with you and Austin to ensure you have a position that aligns with your personal and career aspirations.

Thanks again for the support from you and T.

-Austin

On Sep 6, 2019, at 7:09 AM, Powers, Andrew C <Andrew.Powers@chevron.com> wrote:

Troy/Austin – Heads up, below is the response I plan to send Mark this morning. Please let me know asap if you have any objection.

.....

Mark,

Thanks for your email and I hear your concerns.

I've reached out to the Medical Department and while I'm not privy to any medical information, I understand a thorough review was conducted and alternatives were explored. We would respectfully disagree that the determination was based on stereotyping or impermissible discrimination.

In terms of next steps, we will ensure you have a position in El Segundo due the circumstances. However, the PDC is also exploring alternative expat assignments and we should have more information on that soon.

Regards,

Andrew

.....

Andrew

From: Ruppert, Austin <Austin.Ruppert@chevron.com>
Sent: Thursday, September 5, 2019 1:28 PM
To: Tortorich, Troy (TRMT) <TRMT@chevron.com>; Tse, Thalia <thaliatse@chevron.com>; Powers, Andrew C <Andrew.Powers@chevron.com>
Subject: FW: Positions in 2H PDC

All,

[Update from Mark on his review of the PDC as well as a previously discussed new role/group here.](#)

From: Snookal, Mark <Mark.Snookal@chevron.com>
Sent: Thursday, September 5, 2019 1:21 PM
To: Ruppert, Austin <Austin.Ruppert@chevron.com>
Subject: Positions in 2H PDC

Austin,

Looking through the postings I see three possible positions:

EBU - TCO - Instrument & Control Maintenance Supervisor (PSG 21-24, FL 3-6, Expat Eligible) – According to Scott Levy, Regional Medical Manager EEMEA, I would be considered “unfit” at TCO as well

DS&C - MFG - El Segundo Routine Maintenance General Team Lead (PSG 23) – This is on my career development plan, and I believe I am well qualified for this position

DS&C - MFG - El Segundo Operating Assistant (PSG 22-23, Contingent, 2 Positions) – This is also on my career development plan, but this posting is for the degree required OA positions, and I do not have a degree

While Kit Deaver and Tim Sutherland were still here, they had discussions around forming an analyzer group that incorporated Engineering, Maintenance, and Reliability under one organization similar to the way the SIS group is structured here. I would have been the leader of that organization and if that is something that Troy is aware of or interested in that would be my first choice, I have over 20 years of analyzer system design and maintenance experience.

Mark Snookal

IEA Reliability Team Lead

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El Segundo, CA 90245

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Mobile 310.678.5914

Mark.Snookal@chevron.com

From: Tortorich, Troy (TRMT)[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=60536BABC7304AB48C73A45EB38EB947-TRMT]

Sent: Fri 9/6/2019 2:46:48 PM Coordinated Universal Time

To: Powers, Andrew C[Andrew.Powers@chevron.com]

Subject: RE: Positions in 2H PDC

Sounds good.

From: Powers, Andrew C <Andrew.Powers@chevron.com>

Sent: Friday, September 6, 2019 7:09 AM

To: Ruppert, Austin <Austin.Ruppert@chevron.com>; Tortorich, Troy (TRMT) <TRMT@chevron.com>; Tse, Thalia <thaliatse@chevron.com>

Subject: RE: Positions in 2H PDC

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Update from Mark on his review of the PDC as well as a previously discussed new role/group here.

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Mark.Snookal@chevron.com

From: Ruppert, Austin [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=919137C28CC84111BA965451CE433946-BEYI]

Sent: Wed 9/4/2019 2:45:36 PM Coordinated Universal Time

To: Powers, Andrew C [Andrew.Powers@chevron.com]; Tortorich, Troy (TRMT) [TRMT@chevron.com]

Cc: Tse, Thalia [thaliatse@chevron.com]

Subject: RE: Rescinded Job Offer in Nigeria

Thanks Andrew,

This is the first I am hearing about any of this as well. Let me know if you need me to follow up on anything and I appreciate the help.

From: Powers, Andrew C <Andrew.Powers@chevron.com>

Sent: Wednesday, September 4, 2019 7:41 AM

To: Tortorich, Troy (TRMT) <TRMT@chevron.com>; Ruppert, Austin <Austin.Ruppert@chevron.com>

Cc: Tse, Thalia <thaliatse@chevron.com>

Subject: Fwd: Rescinded Job Offer in Nigeria

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Sent: Wed 9/4/2019 2:42:07 PM Coordinated Universal Time
To: Jones MD, Ayanna[Ayanna.Jones@chevron.com]
Cc: Tse, Thalia[thaliatse@chevron.com]; Levy, Scott[ScottLevy@chevron.com]
Subject: Re: Rescinded Job Offer in Nigeria

Thank you Dr. Ayana.

Would be great if we can get some further justification and suggested response today.

Sent from my iPhone

On Sep 4, 2019, at 7:39 AM, Jones MD, Ayanna <Ayanna.Jones@chevron.com> wrote:

Hello Andrew,
The EEMEA Regional Medical Manager would be able to provide you with context on this case and appropriate response.
Regards,
Ayanna Jones, MD, MPH
Manager US Occupational and
Expatriate Health Services
Chevron Services Company
A Division of Chevron U.S.A. Inc.
TR & HM COE
Global Health and Medical
1400 Smith, #03196
Houston, TX 77002
Tel: (713)372-5921
Fax: (713)372-5941
Email: Ayanna.Jones@chevron.com

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From: Powers, Andrew C <Andrew.Powers@chevron.com>

Sent: Wednesday, September 04, 2019 9:33 AM

To: Jones MD, Ayanna <Ayanna.Jones@chevron.com>

Cc: Tse, Thalia <thaliatse@chevron.com>

Subject: Fwd: Rescinded Job Offer in Nigeria

Dr. Ayana,

Are you able to provide me with any context on the below and suggested response? Is this common to have conflicting views between someone's personal physician and Chevron Expat Medical?

If there is another resource you would suggest, could I please have their name?

Note that Mark finds this discriminatory in nature, however, this is hard to know with the limited information.

Kind Regards,
Andrew Powers

Sent from my iPhone

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From: "Snookal, Mark" <Mark.Snookal@chevron.com>

Date: September 4, 2019 at 7:20:38 AM PDT

To: "Powers, Andrew C" <Andrew.Powers@chevron.com>

Cc: "Tse, Thalia" <thaliatse@chevron.com>, "Ruppert, Austin" <Austin.Ruppert@chevron.com>

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